

Award Number:
W81XWH-11-1-0154

Title: A Pilot Intervention To Increase Women's Coping Skills in Family Reintegration After Deployment in Combat Areas

Principal Investigator
Patricia J. Kelly, PhD, MPH, APRN

Contracting Organization
University of Missouri System
Kansas City, MO 64110

Report Date: April 2015

Type of Report: Final Addendum

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE April 2015		2. REPORT TYPE Final Addendum		3. DATES COVERED 1Jan2014 - 31Jan2015	
4. TITLE AND SUBTITLE A Pilot Intervention To Increase Women's Coping Skills in Family Reintegration After Deployment in Combat Areas				5a. CONTRACT NUMBER W81XWH-11-1-0154	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Patricia J. Kelly, PhD, MPH, APRN E-Mail: kellypj@Umkc.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of Missouri System 5100 Rockhill Road Kansas City, MO 64110 816-235-5600				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT Women are an integral part of U.S. active duty armed forces and National Guard units. Limited research distinguishes the effects of women and men's absence on family functioning during deployment and reintegration. The goal of this mixed methods study was to better understand post-deployment family reintegration experiences of women in the National Guard. The <i>Phase 1</i> semi-structured interviews with 43 women from Midwestern National Guard units provided material for three manuscripts, one on the deployment experience for women, the second on the impact of deployment and reintegration on families and a third on specific reintegration experiences with children. <i>Phase 2</i> , an internet-delivered cross-sectional survey with 239 female National Guard members (164 deployed, 75 never deployed) found deployed women had higher levels of PTSD ($p < .001$) and greater coping skills ($p = .006$) than those never deployed. Coping was a significant predictor of individual and family functioning measures. <i>Phase 3</i> was a pilot intervention with eight women to assess feasibility of an on-line support group for women who had been deployed. The intervention had high acceptability. While family needs are a critical part of the reintegration experience, health professionals should consider the behavioral health of female soldiers prior to or concurrently with addressing family issues. Additional work is needed to fully understand the specific contribution of gender in women's reintegration.					
15. SUBJECT TERMS military women; military families; reintegration					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			USAMRMC
Unclassified	Unclassified	Unclassified	Unclassified	65	19b. TELEPHONE NUMBER (include area code)

SECTION I (purpose/scope of research effort)

The goal of this research was to create an effective intervention that could contribute to the positive reintegration of women in the National Guard and Reserves into their civilian and family lives, which in turn will promote beneficial mental health outcomes for military families and our society. This mixed methods study had two specific aims:

- 1) Document specific challenges and facilitators involved in family reintegration for women in the National Guard and Reserves who have recently returned from deployment, and
- 2) Develop and pilot test a telephone-delivered coping/support intervention using the theoretical framework of the *Resiliency Model of Family Stress*.

Four research questions were examined:

1. How do women in the National Guard and Reserves who have been deployed in combat zones cope with issues of family reintegration?
2. What are the specific stressors encountered and coping strategies employed by this population during reintegration?
3. How does the *Resiliency Model of Family Stress* serve as a framework for the development of an economical and viable coping intervention to facilitate family relationships during reintegration?
4. How does participation in a telephone-delivered coping support intervention impact on family coping skills?

SECTION II (progress to date)

PHASE 1—QUALITATIVE STUDY--COMPLETED

In addition to the activities detailed in the 2012 and 2013 Annual Progress Reports, we have completed this Phase of the work. Our activities this past year focused on data analysis and dissemination. Three manuscripts are in press:

- Kelly, PJ, Berkel, L. & Nilsson, J. (2014). Post-deployment reintegration experiences of female soldiers from national guard and reserve units in the United States. *Nursing Research*, 63, 5, 346-56.
- Kelly, PJ, Nilsson, J., & Berkel, L. (2014). A gendered perspective on military deployment. *Women & Health*, 54, 1, 61-76.
- Nilsson, J., Berkel, L. Kelly, PJ, Trummer, M., Maung, J. & Sukumaran, N. (in press). Women in the National Guard: Reintegration experiences with children after deployment. *Counseling Psychology Quarterly*. DOI: 10.1080/09515070.2014.970127
- Berkel, L., Nilsson, J. & Kelly, PJ (under review). For God and Country: The Role Of Religion and Spirituality in the Lives of Women National Guard Soldiers before, during and after Deployment. *Journal for the Scientific Study of Religion*.

Phase 2--Quantitative Study--Completed

Our hypothesis for this study was that women's post-deployment individual and family functioning were a function of:

- Prior experiences
- Deployment experiences
- Personal coping strategies
- Family functioning

Two research questions were used to test the hypothesis:

#1: What is the effect of deployment on women in the National Guard and on their families?

#2: What factors influence the individual and family reintegration experience of women in the National Guard?

Methods

We conducted an internet-based, cross-sectional survey in which participants were recruited from an informational email sent to women in National Guard units of four mid-western states. Permission to conduct the study was received from the University Institutional Review Board and from the Office of Congressionally-Directed Medical Research's Ethics Board.

Sample/Population

All female service members in National Guard units from three states were sent email invitations to participate in the survey. We calculated that 242 subjects were needed for the logistic regression analysis with odds ratio of 1.5 (Faul, et al., 2009). This sample size calculation for two-tailed statistical tests was based on a power of 0.8, with a moderate effect size (0.3), and alpha equals 0.05, and was determined to be adequate to answer the primary research questions using multivariate logistic regression.

Instruments

Instrument selection to measure individual, family and deployment-related factors was guided by the variables of the Family Resilience Model and by the results of qualitative interviews specific to this topic (Kelly, Berkel & Nilsson, 2014). Basic *demographics* were collected for all participants, with 16 deployment-specific items for those who had deployed.

Individual level variables were assessed with the following instruments:

- *Depression* was assessed with the Major Depression Inventory (MDI), a self-report mood questionnaire developed by the World Health Organization's Collaborating Center in Mental Health (<http://psychology-tools.com/major-depression-inventory/>).
- The presence of *symptoms of post-traumatic stress syndrome* (PTSD) was assessed with PTSD Checklist-Civilian Version Assessment (Weathers, Litz, Huska & Keane, 1994).
- *Coping* was assessed with the 13-item checklist of commonly accepted positive (regular physical exercise, balanced) and negative (use of chemical substance to reduce anxiety) practices to maintain optimal mental health (DHHS, 1981).

Family level variables measured were:

- *Family hardiness* or overall family health was assessed with the Family Hardiness Index (McCubbin, Thompson & McCubbin, 1987).
- *Family functioning* was assessed with the five-item Family APGAR.
- *Parenting strain* was assessed with seven items adapted from Kandel, Davies and Raveis, (1985) which asked the level of difficulty providing for children's daily care, their financial, physical, emotional, social and educational needs, and the extent of conflict between children and work responsibilities. For deployment-related factors on family functioning, we used the following instruments:
- *Relationships within deployed unit* were assessed with a 16-item scale (adapted from the Deployment Risk and Resilience Inventory -2 (DRRI-2), which is made up of 17 individual scales that assess key deployment-related risk and resilience factors with demonstrated implications for long-term health).
- *Post-deployment support* was assessed with 15 items taken from the DRRI-2 (above).
- *Post-deployment life events* was assessed with the seven items from the DRRI-2 scale.
- *Personal growth* after stressful life events was assessed with ten items (e.g., "I changed my priorities about what is important in life").

Statistical Analyses:

To answer the first research question (What is the effect of deployment on women in the Nation Guard and their families?), we compared women who had and had not been deployed, with dependent variables of PTSD, depression, family functioning, family hardiness, parenting strain and stress growth. Independent t tests were conducted to test for the effect of deployment.

To answer the second research question (What factors influence individual and family reintegration experience?), we conducted regression analyses on participants who had been deployed. Independent variables were PTSD, depression, family functioning, family hardiness, parenting strain, and stress growth. After examining assumptions of multi-collinearity, dependent variables included in the model were coping, post-deployment life events, relationships within deployed unit, education, and age. Separately regression models were conducted for each independent variable with stepwise model selection method. Only significant predictors were included in the final model. All statistical analyses were conducted using statistical software SAS version 9.2 with significant level set to 0.05.

Results

The average age of the 239 female participants was 34.8 years (range, 18-59, SD 10.3), with the 164 deployed participants being older (mean 37.5 years) than the 75 who had never deployed (28.9 years). Both groups had similar numbers of children (mean, 2.37 vs. 2.09); fewer of the deployed were single/never married (25.5% vs. 35.5%). More deployed females had college degrees (33.3%) than those who never deployed (18.4%) and were actual full-time employees of the National Guard (57.8% vs. 34.7%). These results are in Table 1.

Table 1. Demographic Variables of Sample

Variable	All Participants	Deployed Mean (SD) N/%	Never Deployed Mean (SD) N/%	P
Age	N=239 34.8 (10.3)	N=164 37.5 (9.6)	N=75 28.9 (9.1)	<.001
Number of children	N=241 2.28 (1.4)	N=165 2.37 (1.4)	N=76 2.09 (1.4)	0.143
Marital status	N=241	N=165	N=76	0.038
--Single, never married	69	42 (25.5%)	27 (35.5%)	
--Married/ partnered	108	76 (46.1%)	32 (42.1%)	
--Divorced/Separated	63	47 (28.5%)	16 (21.0%)	
Widowed	1	0 (0.0%)	1 (1.3%)	
Highest level of school	N=241	N=165	N=76	0.014
--High school/GED	20	8 (4.8%)	12 (15.8%)	
--Some college	106	70 (42.4%)	36 (47.4%)	
--College	69	55 (33.3%)	14 (18.4%)	
--Some graduate school	19	12 (7.3%)	7 (9.2%)	
--Graduate school	27	20 (12.1%)	7 (9.2%)	
Current relationship with Unit	N=241	N=166	N=75	0.004
--Member, attend monthly sessions	101	57 (34.3%)	44 (58.7%)	
--Employed part-time by Unit	5	3 (1.8%)	2 (2.7%)	
--Employed full-time by Unit	122	96 (57.8%)	26 (34.7%)	
--No longer a member	4	2 (1.2%)	2 (2.7%)	
--Other	9	8 (4.8%)	1 (1.3%)	

Deployed individuals had significantly higher PTSD scores (35.05 vs 27.47, $P < .001$) and significantly lower depression scores (47.08 vs. 50.83, $P=0.024$). Coping scores?? There were no significant differences in the three variables of family hardiness, family functioning and parenting strain. These results are shown in Table 2.

Table 2. Comparison between Deployed and Never Deployed Participants

Variable	Deployment		P
	YES Mean (SD) N	NO Mean (SD) N	
PTSD	35.05 (16.23) N=155	27.47 (12.21) N=72	<.001
Depression			0.4738
No depression—n (%)	66 (27.05)	139 (56.97)	
Mild --n (%)	5 (2.05)	6 (2.46)	
Moderate—n (%)	1 (0.41)	7 (2.87)	
Severe—n (%)	5 (2.05)	15 (6.15)	
Coping	9.02 (2.48) 165	9.95 (2.25) 75	0.006
Family hardiness	64.98 (9.38) N=149	64.87 (10.96) N=70	0.940
Family functioning	2.84 (2.82) N=158	2.47 (2.99) N=74	0.372
Parenting strain	12.76 (5.37) N=104	12.62 (6.12) N=39	0.891
Personal growth	29.11 (13.44) N=163	28.22 (14.33) N=72	0.648

Participants who were deployed had an average score of 15.41 on the subscale addressing general relationships within their unit (SD 6.77, possible and actual range 7-28), suggesting moderate levels of supportive work deployment relationships. Almost half of the 164 women (77/47%) women indicated that they had experienced some form of sexual harassment more than once or twice, (mean score 9.54, SD 4.14, possible and actual range 7-28); 88 (53.7%) indicated that they had experienced assault from outside of their immediate unit (mean score 3.37, SD 1.58, possible and actual range 2-8). Post-deployment support scores had an average of 57.16 (SD 11.18, possible and actual range 15-75) suggesting overall moderate levels of support. Overall, 81 (49.4%) participants had experienced at least one of the seven negative experiences on the post-deployment life event scale (mean 1.06, SD 1.36, range 0 to 7). These results are shown in Table 3.

Table 3--Summary of Deployment-Related Assessments

Assessment	Mean (SD; Possible Range) N
Relationships within deployed unit	28.28 (10.38; 16-64) N=158
--General relationships	15.41 (6.77; 7-28) N=159
--Sexual harassment/assault	9.54 (4.14; 7-28) N=160
--Assault outside of unit	3.37 (1.58; 2-8) N=161
Post-deployment support	57.16 (11.18; 15-75) N=153
Post-deployment life events	1.06 (1.36; 0-7) N=156
Personal growth**	29.11 (13.44; 0-50) N=163

Predictors included in the initial regression model for deployed women were coping, post-deployment life events, unit relationships, education and age. The results showed that coping was a significant predictor of PTSD, depression, family functioning, family hardiness and parenting strain, that is, women with good coping skills had lower chances of having PTSD and depression, higher chances of having positive family function and family hardiness, and less parenting strain. Post-deployment life events were a significant predictor for depression, family hardiness, and growth; that is, women who had more negative post-deployment life events had a greater chance of depression and lower chance of family hardiness; these women also have greater growth as a result of their stress. Unit relationships were significant predictors for PTSD and depression; that is, women who had negative experiences and relationships with their deployment units had greater chance of PTDS and depression. Age was a significant predictor for PTSD, that is, younger women had a greater chance of having PTDS (Table 4).

Table 4. Influences on Reintegration Measures of Deployed Women

	PTSD Coefficient (SE)	Depression Coefficient (SE)	Family functioning Coefficient (SE)	Family hardiness Coefficient (SE)	Parenting Strain Coefficient (SE)	Growth Coefficient (SE)
Coping	-2.65 (0.48)	-2.39 (0.31)	0.56 (0.08)	2.01 (0.26)	-0.91 (0.20)	
Post-deployment life events		1.62 (0.57)		-0.98 (0.48)		2.41 (0.77)
Unit relationships	0.36 (0.12)	0.22 (0.08)				
Education						
Age	-0.27 (0.12)					

*Only significant predictors were included in the final model.

Dissemination

Kelly, PJ, Cheng, A., Nilsson, N. & Berkel, L. (under review). Family reintegration after women's military deployment. *International Journal of Family Nursing*.

Nilsson, N., Cheng, A., Berkel, L. & Kelly, P.J. (in preparation for submission to *Western Journal of Nursing Research*). The role of coping in the family reintegration of women in the National Guard

Phase 3--Pilot Intervention--Completed

We conducted an internet-based coping intervention as a pilot study to assess feasibility and acceptability of content and delivery platform.

We recruited participants to participate in internet-based support groups. Over 30 expressed interest and were screened; 4 participants in each in each of two groups. One group was targeted for service members with children and one group for members without children. Participants were lost as a result of the time lag between screening and start of group; no participants were lost after the groups had started.

Intervention content was based on the results of Phase 1 and 2 of this study, and focused on supporting the development of coping skills via actual skills taught and learning from peers (members in the groups) (Appendix I).

Pre and post data were collected using the Ways of Coping Checklist (Folkman & Lazarus, 1988); the Coping Self-Efficacy Scale (Chesney, Chambers, Jonell, Johnson & Folkman, 2003); the Family Crisis Oriented Personal Evaluation Scales (McCubbin, Larson & Olsen, 1987) and a group counseling evaluation form created for this study.

Results

Pending

SECTION III—Current/Anticipated Problems

None

SECTION IV--Work during Next Reporting Period

Complete and submit second manuscript of Phase 2 study.

Complete analysis and submit manuscript of Phase 3 study.

Disseminate findings to National Guard units that participated in each Phase of study.

Appendix I

Annual Technical Progress Report

Grant Number/Name

W81XWH-11-1-0154/A Pilot Intervention to Increase Women's Coping Skills in Family Integration after Deployment in Combat Areas

Annual Report for the Period 1/1/14-12/31/14

**Coping with Family Integration-
An Internet Group for Women of the National Guard and Reserves**

“Material adapted from Concern Worldwide (U.S.) Inc.’s

Innovations for Maternal, Newborn & Child Health Initiative.”

(http://innovationsformnch.org/uploads/resources/pdfs/HHWC_Group_Counseling_Manual_Final.pdf)

1. Screening Process

a. Deployed within the last 3 years and above the age of 18.

b. Exclusion

i. Have a psychotic disorder

ii. Currently suicidal or homicidal ideation

iii. Active drug abuse (can be in group if under treatment).

2. Group (4 sessions at one hour each; 30 min content and 30 min process)

a. Group session one:

i. Welcome & introduction

Welcoming remarks

Material adapted from Concern Worldwide (U.S.) Inc.’s Innovations for Maternal, Newborn & Child Health initiative.

Facilitator says - We would like to welcome you to our first group counseling and support session for women of the National Guard and Reserves. Thank you for coming. We are excited to see you here and know that many of you had to make adjustments to your schedules in order to participate today. As a reminder, the purpose of our group is to provide you with a safe place to discuss things that are important to you related to your deployment and reintegration. One of the benefits of a group such as this is that you are not only able to share your experiences with the counselors, but that you are among other women who have had similar experiences as you have. This helps to remind each of you that although each of your experiences are unique, you are not alone in some of the challenges that you face.

We know that reintegrating into family life and the civilian world can be difficult and stressful at times, and we would like to provide you with a confidential place to express your thoughts and concerns, build community, and learn from one another.

Introductions

Facilitators introduce themselves (names, positions, relevant experience) and provide a general overview of the Coping with Family Integration project. Afterward, the facilitators asks each participant to introduce themselves. The following ice breaker (or something similar) will be used:

Ice breaker – Introductions and “Pick an Animal”

The facilitator will ask each participant to introduce themselves with the following information: first name, branch of service, number and places of deployments, and to select an animal that best describes them. They will then be asked to tell why they selected that particular animal.

The facilitators will remind participants of the structure of the group by reviewing the following:

- We will be meeting weekly for one hour, with the first half of the session being structured around a specific topic (educational) and the second half being an open (process) group discussion.
- We will explore 4 different educational and skill building topics during the group counseling sessions (share and review the 4 topics listed on Page 1 with the group)
- We encourage you to attend all 4 sessions because the topics are inter-related and build on one another.

ii. Group norms

Establish Ground Rules

Facilitator says - It is important to create some ground rules during our time together, so that we all have a common understanding of what we can expect from one another.

Facilitator asks - What do you feel are important ground rules for our group counseling sessions?

Have participants brainstorm proposed ground rules; facilitator will write down all of the suggestions so that they can be referred to in future sessions as needed.

Ground rules should include:

- Maintaining confidentiality (what is said here stays here)
- Listening to and respecting everyone
- Being honest in sharing, while maintaining appropriate boundaries
- Reducing potential distractions (e.g., meet in quiet place, mobile phones off, etc.)
- No interrupting others when they are talking
- Everyone has a “right to pass” if they are not ready to share something (although all are encouraged to participate).

Review Expectations / Participant Goals for Self and the Group

Facilitator asks – What are your expectations or hopes for our group counseling sessions together?

Solicit input from the participants and write expectations down for each participant.

Encourage them to write down their goals, too, so that they can be reviewed at the end of the four sessions to see if expectations were achieved.

iii. Education: Stress and an Introduction to Coping

Facilitator says- As mentioned earlier, the purpose of this group is to provide you with an opportunity to express your thoughts, feelings and attitudes about returning home from deployment, receive support from other women, increase your knowledge about stress, and improve your coping strategies.

Let's begin by defining stress.

Facilitator asks: What is stress?

Have participants brainstorm definitions of stress.

Facilitator recaps answers and gives a definition of stress.

Then facilitator asks: What are things that can cause stress? (Can be stressors experienced since being back home)

Have participants identify causes of stress

Facilitator says: There are a lot of things that can cause stress as you all mentioned (discuss what was mentioned).

What are some potential consequences of stress? (e.g., tension, agitation, irritation, anger, depression, strain on relationships, difficulty performing home/work responsibilities?)

There are lots of consequences of stress, making its management essential.

Let's think about how we know we are becoming stressed out; what are some signs of early stress? (e.g., sensations in the body, particular thought patterns)

Discuss signs of early stress. Facilitator shares additional signs of early stress (Appendices 11, 12, 13 to facilitate discussion).

iv. Process:

- 1. Reactions and thoughts or questions about the session**
- 2. Review group and individual goals**
- 3. Homework: Self-monitor stress. Participants will be asked to keep a log or journal that includes monitoring their stress during the week, including (1) antecedents of stress, (2) level of stress, (3) signs of oncoming stress, and (4) reactions to stress**

b. Group session two:

- i. Welcome & check in**
- ii. Education: Coping with Stress / Trauma (stress, anger, anxiety, depression) and their effects on relationships**

Introduction

Facilitator welcomes members back from to session #2 and does a check-in. Facilitator asks everyone to share one take-away from the last session, or one thing they learned about themselves and stress during the week.

During first part of session, homework will be reviewed.

Introduction to Session 2: Coping with Stress

Facilitator says that today we are going to talk about coping strategies, what they are, what approaches work best with stress, and what strategies to avoid.

Question for the group: What do each of you do to help you feel better when you are under stress? Facilitator will identify common themes in participant responses, being sure to distinguish between positive and negative aspects of coping.

Healthy and Unhealthy Coping Skills

When we are under stress (especially extreme stress), we tend to fall into our usual behaviors or habits without even thinking about it. Sometimes we might relieve our stress in healthy (or positive) ways and other times we may cope with stress in unhealthy (negative) ways, without even being aware we are making these choices.

Facilitator asks- What are some negative or unhealthy coping strategies?

To better understand coping strategies, the facilitators will share a scenario about a woman veteran who has returned from her deployment. Details about the story may include: she is experiencing stress in her family, particularly with her children and partner. She feels that her authority as a parent has been undermined, and she is having a hard time finding her 'place' in the family again. She also reported feeling overwhelmed by her friends and parents who are either ignoring her, or asking intrusive questions about her deployment experiences. She has found herself very frustrated, and has experienced anger outbursts. Of late, she feels most comfortable by herself, and has started withdrawing from others.

Facilitators ask participants to name the various stressors evident in the scenario (children, partner, friends, parents), and identify any other stressors that this vet may be experiencing that are not explicitly stated. They will then be asked to brainstorm a variety of ways that this vet may be coping with her stress (positive and negative).

Handout: Appendix 9 – Positive Coping Strategies. This handout will be given to participants to facilitate the discussion of positive coping strategies.

Facilitators will teach one positive coping strategy: Deep Breathing

iii. Process:

- 1. Reactions and thoughts or questions about the session**
- 2. Homework 1: Practice the deep breathing techniques taught during today's session. Handout: Appendix 10 – How to Practice Deep Breathing.**
- 3. Homework 2: Continue to self-monitor stress through journaling. Participants will be asked to monitor and log their stress during the week, including (1) antecedents of stress, (2) level of stress, (3) signs of oncoming stress, and (4) reactions to stress**

c. Group session three:

- i. Welcome & check in**
- ii. Education: Role Change and relationships (Session 3)**

Introduction

Check-in – Facilitator asks participants to share any questions or reactions to the last session or to the homework.

Facilitators also ask participants to review the goals that they set for themselves and assess progress toward meeting their goals. With half of the sessions completed, participants are encouraged to actively work toward achieving their goals, including a discussion of what they need from the group, themselves, and the facilitators to help them achieve their goals.

Facilitator introduces Session 3 topic – Stress related to role changes and relationships. Facilitators state that some of the most common stressors that vets report are related to strained relationships with family, friends, and others. Some of this strain stems from difficulty communicating their changing needs. The focus of this session is to discuss communication strategies that you might employ that will help improve communication in your family, while employing the positive coping strategies that we've been discussing.

Overview of communication:

Communication involves a two-way exchange of information

Communication can be verbal and nonverbal (most of communication is non-verbal)

Communication patterns are informed by culture, family, context, and individual differences.

Active listening is an important component of effective communication

Today our focus is on communication in general, but particularly on communication during stressful times (effective communication is one positive way to deal with stress).

Brainstorm

Facilitator asks – What are some examples of effective communication? How do you know that these are examples of effective communication (e.g., what is the result of effective communication)?

Brainstorm

Let's narrow our focus to communication with your family and friends during stressful times. When you think about communication you're your family during stressful times, what do you find most challenging? What are some of the common difficulties you have communicating with your family (or friends)?

Allow participants to share their thoughts and experiences, pointing out any themes or commonalities in the challenges presented.

Teaching and Practicing Effective Communication Strategies

Examples of aspects of positive communication:

Stay focuses on the person and on the conversation

Listen carefully to what the other person is saying
Be honest and direct
Take personal responsibility for what is yours
Express empathy
Use 'I' messages
Take time out when needed
Ask for help when needed
Increase self-awareness and monitor your internal reactions to discussion.

Use Appendix 5 – Positive Communication and Problem Solving Skills as a reference to help facilitate the discussion

iii. Process:

- 1. Open discussion of participants' challenges in dealing with role changes and other relationship issues.**
- 2. Application of communication strategies to family relationship challenges.**
- 3. Application of other positive coping strategies to family relationship challenges**
- 4. Homework 1: Continue to self-monitor stress through journaling.**
Participants will be asked to monitor and log their stress during the week, including (1) antecedents of stress, (2) level of stress, (3) signs of oncoming stress, and (4) reactions to stress
- 5. Homework 2: Apply positive communication skills at least once this week.**
Use journal to document this experience: what was the situation? Who was involved? What was your stress level? Which of the positive communication skills did you apply? What was the outcome? Evaluate strengths and challenges of applying these skills.
- 6. Homework 3: Continue to practice deep breathing exercise at least once per day this week.**
- 7. Closing activity: Deep breathing refresher**

d. Group session four:

- i. Welcome & check in**
- ii. Education: Resources for self and others (help seeking attitudes, and the future)**
What is self-care?

Facilitator says - today we are going to discuss ways to ensure that each person is taking care of herself. This includes personal self-care, as well as being able to identify and use resources for your own benefit, and for the benefit of others.

Brainstorm

Facilitator asks - What are some of the challenges that you face in your day-to-day lives as a result of your life circumstance (e.g., being a soldier, wife, partner, mother, daughter, student, worker)? What are some of the physical, social, emotional, spiritual consequences of these challenges? Each participant is asked to identify the most significant consequence of the challenges and stressors that they face.

With regard to these consequences and within the context of these life roles, what does it mean to ‘take care of yourself’? In other words, in the context of your life, what does self-care mean to you?

The facilitators will discuss personal responsibility for caring for ourselves. The focus here is on identifying aspects of one’s life that can actually be controlled by the participants. Going back to the list of challenges, which of these are you each able to control?

Introduce another activity – Visualization exercise that can be used to help manage stress (Appendix 4 – Visualization Exercise)

Discuss resources that women can use to help them effectively manage the challenges that they face. These resources will include professional counseling services, community resources, social support, etc. Explore: what are women’s attitudes toward using these resources? How confident do women feel in identifying and using these resources?

iii. Process:

1. Have participants discuss any new thoughts, insights or reactions to the self-care activity
2. Discuss and challenge barriers to using resources
3. Develop follow-up plans for strengthening coping strategies.
4. Termination activity: Ask each participant to identify one take-away from the group, and one plan to implement strategies learned in the group.

Postdeployment Reintegration Experiences of Female Soldiers From National Guard and Reserve Units in the United States

Patricia J. Kelly ▼ LaVerne A. Berkel ▼ Johanna E. Nilsson

Background: Women are an integral part of Reserve and National Guard units and active duty armed forces of the United States. Deployment to conflict and war zones is a difficult experience for both soldiers and their families. On return from deployment, all soldiers face the challenge of reintegration into family life and society, but those from the National Guard and Reserve units face the additional challenge of reintegration in relative isolation from other soldiers. There is limited research about the reintegration experiences of women and the functioning of the families during reintegration following deployment.

Objective: The goal was to document postdeployment family reintegration experiences of women in the National Guard.

Methods: Semistructured interviews were conducted with 42 female members of Midwestern National Guard units. Directed content analysis was used to identify categories of experiences related to women's family reintegration.

Results: Five categories of postdeployment experience for female soldiers and their families were identified: Life Is More Complex, Loss of Military Role, Deployment Changes You, Reestablishing Partner Connections, and Being Mom Again.

Discussion: The categories reflected individual and family issues, and both need to be considered when soldiers and their families seek care. Additional research is needed to fully understand the specific impact of gender on women's reintegration.

Key Words: family health • female soldiers • qualitative research • reintegration

Nursing Research, September/October 2014, Vol 63, No 5, 346-356

Women are an integral part of the armed forces of the United States. Currently, over 200,000 women make up 15% of all active duty military—up from 1.3% in the 1960s. Another 72,000 serve in the National Guard units of the 50 states, the District of Columbia, Puerto Rico, and the organized territories (Institute for Women's Leadership, 2010). During the period of their enlistment, the citizen-soldiers who make up the National Guard work together for one weekend per month, plus 2 weeks of annual training. Although the National Guard has historically been mobilized to provide relief during natural disasters, such as floods and earthquakes, budget cuts and post-September 11 military engagements have increased the service obligations of these units to include war zone deployments. Because of these obligations, the National Guard now constitutes more than half of the country's military capability (Renaud, 2005). In the past 13 years, almost 75% of National Guard units have

been mobilized to serve in Iraq and Afghanistan alongside full-time Army, Navy, and Air Force units (Booth et al., 2007).

In the United States, a dramatic increase in the number of women in the military accompanied societal changes at the end of the 20th century, such as the move to an all-volunteer military and intensive discussion about an Equal Rights Amendment. Women now fill many roles historically reserved for men, including membership in state National Guard units. This increase in the active participation of women in the military is reflected around the world, in countries as diverse as Canada (National Defence and the Canadian Armed Forces, 2014), Norway (Skjelsbaek, 2007), Botswana (King, 2013), and Israel (Cohen, 2010).

Deployment to conflict and war zones is a difficult experience for soldiers and their families. Soldiers are exposed to harsh living conditions and dangerous work environments, often with minimal social support. Families left at home worry about the safety of their deployed soldier-member, even as they are challenged to adopt daily routines that must continue in spite of the disruption of an absent family member. During deployment and reintegration, stressors that may already be present for individuals and families are compounded by fears of infidelity, behavior and academic problems for children, and limited contact and communication during deployment

Patricia J. Kelly, PhD, MPH, APRN, is Professor, School of Nursing and Health Studies, University of Missouri-Kansas City.

LaVerne A. Berkel, PhD, is Associate Professor; and Johanna E. Nilsson, PhD, is Professor, School of Education, University of Missouri-Kansas City.

DOI: 10.1097/NNR.0000000000000051

(Johnson et al., 2007). The at-home spouse becomes a functional single parent, and these additional responsibilities and stressors can be onerous.

Many families do adjust—often with a reconfiguration of family responsibilities and duties, development of new routines, and a greater sense of self-confidence on the part of the at-home spouse when challenges are successfully met (Chapin, 2011). For other families, mental health of children or spouses may suffer during and after deployment. Multiple moves, frequent separations, and the increased hazards of deployment are typical stressors for military children (White, deBurgh, Fear, & Iversen, 2011). One study of 169 families found that children with a deployed parent had significantly more behavioral symptoms than children whose parents were not deployed (Chartrand, Frank, White, & Shope, 2008). This study did not identify which parent had been deployed, so it is not possible to know if mothers' deployment had a different effect from that of fathers. A study by the RAND Corporation found higher levels of anxiety and school difficulties among 1,500 children with deployed parents (95% of whom were male; Chandra et al., 2010). Girls and older children had more problems than boys and younger children during reintegration, and problems were more likely to be present with longer periods of deployment. No analysis was done to examine a differential effect of mother versus father being deployed.

When the deployment period comes to an end, most families eagerly anticipate the return of the deployed soldier. However, the subsequent period of reintegration after deployment is challenging for many families. Family roles and responsibilities must be renegotiated, at-home spouses may resent the loss of independence, and the deployed parent must catch up on family events and milestones that were missed (Pincus, House, Christenson, & Adler, 2001; Stafford & Grady, 2003). The ability to successfully reintegrate with families and communities is dependent on the physical health, mental health, coping skills, and coping styles of both parents (Pierce, Vinokur, & Buck, 1998; Riggs & Riggs, 2011). In many cases, soldiers "come home" to a damaged and often irreparable spousal relationship. In a survey of 25,000 male and female soldiers collected before and after deployment to Iraq and Afghanistan, 40% of married participants reported that deployment and subsequent reintegration were associated with "decreased marital satisfaction, increased intention to divorce, and increased self-reported spouse abuse, particularly at the 12-month, postdeployment time point" (Hoge, Castro, & Eaton, 2006, p. 5). Specific, acknowledged challenges for soldiers returning home without an apparent physical injury include communication, secretiveness, automobile driving, anger and aggression, the need for discipline and order, and survivor guilt (Sayers, 2011).

The trauma framework of Wiens and Boss (2005) incorporates protective factors for families, including flexible gender roles, use of active coping strategies, and community and social supports. Families at risk are those who are alone or without

unit affiliation (which includes all National Guard units), those who are young and inexperienced, and those with a "pileup of stressors" (Wiens & Boss, 2005, p. 21). The U.S. military has applied such frameworks to develop recommendations and concrete support for family resiliency. Examples are the Yellow Ribbon Reintegration Program (www.yellowribbon.mil/about.html), in which National Guard and Reserve unit families are connected with local resources before, during, and after deployments; resource lists such as those are available from the VA for Vets (https://vaforvets.va.gov/va-employees/Documents/Web_MSMReintegrationResources_2011_11_11.pdf) and Military One Source (http://www.militaryonesource.mil/deployment/military-and-family-support-programs?content_id=266643). The Department of Defense also added marriage and family therapists to their panel of mental health resources (Wiens & Boss, 2005). However, both anecdotal reports and research-based studies appearing after these changes, such as that conducted with 22 Army nurses reintegrating after tours of duty in Iraq and Afghanistan, continue to stress the need for improved interventions (Rivers, Gordon, Speraw, & Reese, 2013).

Women's Deployment and Reintegration and Families

Although differences in maternal as opposed to paternal role responsibilities exist in families predeployment, women's absence for extended periods during deployments has a different and likely greater effect on family functioning than men's (Chartrand et al., 2008; Finkel, Kelley, & Ashby, 2003). Two studies that addressed deployment of mothers were identified. Early work with 118 Navy deploying mothers found single mothers to have more separation anxiety, less family cohesiveness, and less family organization than married mothers (Kelley, Herzog-Simmer, & Harris, 1994). A second study suggested no increased psychopathology in Navy children with deployed mothers compared to Navy children whose mothers were not deployed and children with civilian mothers, but a subset of children seemed especially vulnerable to the effects of deployment (Kelley et al., 2001). This subset may have included single mothers whose deployment necessitated their children having to reside with family members; the disruption of children's lives reoccur when their mothers return. These two studies focusing on effects of deployment of mothers were conducted with women who were full-time members of the Navy, and findings cannot be generalized to women in the National Guard and Reserves.

A limitation in much of the research literature on both deployment and reintegration is the lack of distinction between the effects of women's and men's absence on family functioning (see, for example, Chandra et al., 2010). This limited gender analysis hinders understanding of how to minimize the effects of deployment and reintegration on family functioning. Perhaps because of their relatively small numbers, the potentially unique family reintegration experiences of female National Guard and Reserve soldiers have been little studied.

These soldiers lack the close presence of other soldiers as they reenter home and society from war zones and face the additional challenge of reintegration in isolation. They do not return to a base or to the camaraderie provided by soldiers and families who have shared the experiences of deployment, but rather to communities and families who may be unaware of the realities of deployment and unable to create a culture of support and acknowledgement of what they have experienced. Employers, peers, neighbors, and schools may have only the sparsest knowledge of where soldiers were posted, what their roles were, and how the family functioned in their absence (Waldman, 2009). The purpose of this study was to document the postdeployment family reintegration experiences of women in the National Guard.

Theoretical Framework

The resiliency model of family stress, adjustment, and adaptation (McCubbin & McCubbin, 1993) is a theoretical framework adapted from the work of Hill (1949) on family stress and war-induced separation and reunion within families. The model posits that specific stressors, family typology and functioning, resources, and coping actions taken to reduce demands influence a family’s reaction to crisis. Positive and negative adaptation depends on the interplay of these variables. Researchers and clinicians have used the model in working with families across a wide variety of racial, ethnic, and economic groups facing challenges such as unemployment and economic stress, head injury, violence, cardiac surgery, and alcoholism (Brody & Simmons, 2007; Hall et al., 2012; Robinson, 1997). Inspired by this work, the model pictured in Figure 1 framed this research.

METHODS

Design and Sample

A qualitative approach was used. Female members of National Guard units from Iowa, Kansas, Missouri, Nebraska, and North Dakota were invited to take part. Permission was secured

from each state to recruit women from their units via word of mouth, flyers posted at National Guard units, and announcements on the units’ Facebook pages. Eligibility criteria included being a female member of a National Guard unit and having been deployed to a combat zone. Women who had been either recently deployed or who had been deployed several years previous were eligible—with the idea of being able to sort out transitory and longer-term effects. Recruitment materials focused on family reintegration; women who were not married or who did not have children were eligible to take part, assuming a broad definition of family and that all women were part of some family.

Data Collection

Interested women contacted the investigators, and a convenient time for an in-person or telephone interview was arranged. The interview guide focused on reintegration experiences and their precedents during deployment. An interview guide based on the model shown in Figure 1 was used to develop the questions shown in Table 1.

Two counseling psychologists and one nurse practitioner, all faculty members with experience conducting qualitative research, conducted the interviews. Before completing any interviews, the primary researchers discussed their beliefs and attitudes about women in the military and their expectations of what they thought the data would reveal. Interviews began with general background questions, including participants’ age, marital status, and place and length of deployment. Interview questions included the structure of and changes to their families and support system before and after deployment, their experience of reintegration, and their family’s response to the transition (including spouse, children, family of origin, and friends). Interviews concluded with participants being asked for their recommendations that might create smoother transitions for women soldiers in the future. All interviews were audiotaped, and all interviews were transcribed verbatim.

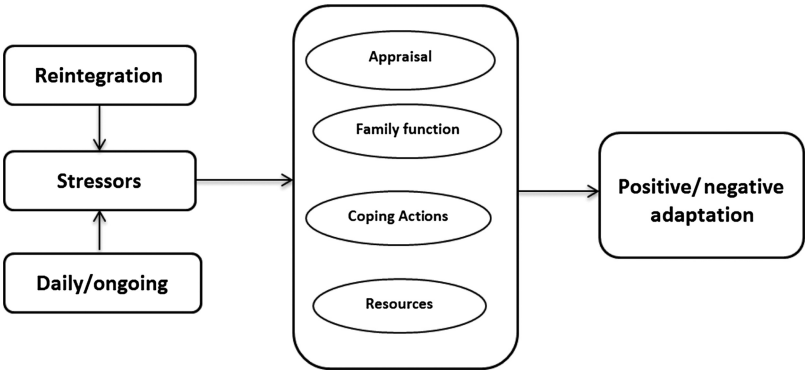


FIGURE 1. Postdeployment reintegration family resilience model. The model is an elaboration of McCubbin and McCubbin (1993), adapted with permission.

TABLE 1. Interview Guide

Variable	Initial guiding questions
Stressors	What are the specific stressors that you have experienced with reintegration? That your family has experienced? How about others in your support network?
Appraisal	How are you responding to your return from deployment? How is your family responding? How are your relationships with close friends or extended family?
Family typology, functioning	What has been your traditional support system? How, if at all, has this changed since you have returned from deployment? How has reintegration affected your relationship with your family? How has your relationship with your spouse changed since your return? Relationships with your children? With your close friends?
Coping/actions	What have your family and support network done to address the stressors?
Resources	What resources have been used? Which of these have been helpful? Which have been less than helpful?

Ethical Considerations

Because many of the interviews were conducted by telephone, an information sheet—approved by the university Institutional Review Board and by the Office of Research Protections of the U.S. Army Medical Research and Materiel Command—was e-mailed and read to each woman before initiating the interview. All participants indicated their consent to participate verbally or via electronic signature. Participants signed and scanned the consent form back to the interviewer. Anticipating that some participants might become distressed during the interviews, we allowed ample time for each interview to be able to allow participants to fully express their thoughts about any issues that might arise, and we were prepared to make referrals to community or military resources where participants could receive focused support. A few participants did become emotional while relating specific experiences, but none were distraught or unable to compose themselves within a few minutes. None of the participants were interested in receiving a formal referral for additional assistance.

Data Analysis

Guided by techniques of directed content analysis, transcripts were reviewed, and significant statements and key phrases were assigned codes by the lead author and confirmed by the two coauthors. This analytic approach is appropriate when “existing theory or prior research exists about a phenomenon that is incomplete or would benefit from further description” (Hsieh & Shannon, 2005, p. 1281). The initial step in the analysis was the highlighting all text that represented a construct of the theoretical framework, that is, family structure/typology, specific stressors, and coping actions. Text not congruent with these initial codes was assigned new codes (Hsieh & Shannon, 2005). Both supporting and

nonsupporting evidence for the centrality of family theory were captured. Areas of coding disagreement were discussed and resolved. After reaching an initial consensus of these categories and subcategories, two of the team members individually reread and coded all the data, revising and adding subcategories when needed. The second step in the analysis was the review of the text that did not fit into the initial codes. In the third step of the analysis, the team met to discuss revisions of the categories and subcategories until all of the data were coded and final descriptions for each theme and subcategory were created. Finally, the fourth and fifth stages of the analysis involved working with the data by testing emergent understandings and searching for alternative explanations; that is, we examined the data as a whole to develop a broad understanding of the patterns, including patterns that did not fit the themes resulting from the prior analysis. We reconciled discrepancies by searching for alternative explanations to the data and by modifying categorizations whenever necessary (Marshall & Rossman, 1999). Coded statements were then organized into related concept clusters. An audit trail was maintained, documenting the position of text material from which categories were developed (Miles, Huberman, & Saldaña, 2014). In reporting findings, all names and some details were changed to protect participant identity.

To ensure that the experiences of female soldiers were accurately represented and to provide a measure of trustworthiness, a summary of study results was shared with three participants for review and feedback. Their replies indicated that their stories had been represented correctly.

RESULTS

We conducted semistructured interviews with 42 members of National Guard units during the period May to August 2012.

TABLE 2. Participant Characteristics

Characteristic	<i>n</i>	%
Age (years)		
<20	2	4.7
20–29	10	23.2
30–39	5	11.6
40–49	9	40.9
50–59	1	2.3
Did not state	16	39.5
Current marital status		
Married	17	40.0
Divorced	14	32.0
Other ^a	11	28.0
Children (number)		
0	15	34.9
1	5	11.6
2–3	12	27.9
4 or more	4	9.3
Did not state	6	16.3
Deployments (number)		
1	31	72.1
2	10	23.2
3	1	2.3

N = 42. ^aSingle, separated, or engaged.

Data saturation occurred after approximately 20 interviews, but we elected to continue interviewing all female soldiers who contacted us. Interviews ranged from 15 to 75 minutes.

Characteristics of the participants are summarized in Table 2. The ages of the 42 participants ranged from 18 to 58 years ($M = 35$, $SD = 10$). Average length of deployment was 9.5 months ($SD = 4.0$), and most (31/42; 72.1%) had been deployed once. The most common deployment destination was Iraq (28/42; 65%), deployed there at least once. Twelve soldiers (28%) deployed to Afghanistan at least once. Deployments lasted from 3 weeks to 16 months ($M = 10$ months, $SD = 3.36$). Women had returned from deployment from a few months to over 10 years prior to the interview. At the time of the interview, 17 (40%) participants were married, 14 (32%) were divorced, and the remainder of the participants were single, separated, or engaged; half had at least one child. At the time of their deployment, 12 (28.6%) were not married. Ten of the 30 participants (33.3%) who were married at the time of their deployment had divorced at some point afterward.

The directed content analysis revealed five categories related to postdeployment reintegration that female soldiers felt had strongly affected them and had an impact on their families: Life Is More Complex, Loss of Military Role, Deployment Changes You, Reestablishing Partner Connections, and Being Mom Again.

Life Is More Complex

For all of the women, reintegration was a long-awaited event. However, the reality of U.S. civilian life brought several

challenges, not all of which were anticipated. For example, several women discussed the frustration and sense of helplessness they felt when faced with daily responsibilities of life that had once seemed “normal.” Planning, choosing among consumer options, and prioritizing and multitasking to manage activities of multiple family members had not been required of them while they were deployed. Rather, their tasks were assigned, singular, focused, and routine. The challenge of returning to family complexity was initially intense, and adaptation lasted from weeks to months after return. Meda, who was in her mid-40s when she was deployed to Afghanistan, said:

When you're on deployment it's the same thing every day. Nothing ever changes. It's the same thing every day and then you come home and you're reintroduced into society and there are choices that have to be made. In the military they're all made for you. You know what uniform to wear. You know where you show up for food, you know what's expected of you.

This sentiment was echoed by Becky, a single mother in her late 20s:

I remember feeling very overwhelmed by all of the choices that there were to make. I had been in an environment where my routine was the exact same every day. It didn't vary. You always knew what there was going to be to eat for lunch. You always knew what you were going to wear. You always knew what time you had to be in different places. It was very regimented. So just even going into the gas station and then looking at the 30 different kinds of soft drinks.... It took me a while to get used to having the luxury of making a decision on my own.

The two goals for soldiers on deployment were ensuring that one's job was done well and staying safe. Aspects of civilian life, like caring for a child or managing a household, were not present. Amy, a soldier from a military family, said:

When you are there, it is super easy. You just live day to day and you don't worry about going to get your mail or going to the grocery store. Basically all that you do is worry about making sure that you got to the job on time and being safe. You don't worry about really anything but your well-being and doing the job and doing it right. You don't have anybody else to take care of.... [When I got home,] I felt like I was unorganized, I didn't know how to manage my schedule, I felt overwhelmed. It was like “gosh, I got to go to work and I got to go to the grocery store and I got to do the things I have been doing for years.” I kind of had to relearn how to organize myself.

Suzanne, who was married and the mother of several children, had a very similar experience:

You're in this really regimented environment for extended length of time and everything is decided for you. You have your responsibilities to your team and to your job, but the details of life, the things that make life involved? They don't exist while you're there.

These challenges were not only frustrating for many soldiers but were debilitating and completely overwhelming for some. Meda also said:

I went to Wal-mart with my sister on the 24th of December and there were too many choices. In the military, we're not given those choices. We go into the [dining area], we get our food, we eat it, we leave. And, as a civilian, for me to shop for my family coming directly off of deployment and then try to make Christmas dinner? It was a nightmare. I completely shut down. I could not function. I could not pay. I couldn't stand at the checkout and pay. I walked outside and started crying because there were too many people, too many choices. It was very overwhelming for me.

The Loss of Military Role

The loss of the deployment role was a transition that was unexpectedly painful for some women, particularly those who did not have meaningful civilian job responsibilities or positions to which they could return. The pride that almost all of the women had when describing their military jobs and the appreciation they received for their contribution stood in stark contrast to the work that many found themselves doing on return.

Diana came from a strong military family and was just out of high school when she was sent to Iraq on the first of her three deployments. She described the challenge of her post-deployment transition:

One of the things I think that people struggle with is how to transfer the work that they are doing overseas [during deployment] into a civilian world. It's just sort of trying to fit a square peg in a round hole.

Suzanne's return from a highly responsible position in Iraq is an example of this transition:

I came home and I just felt like here I was this soldier that was awarded the Bronze Star and I had done all these things, and now I'm serving prime rib to people at Applebee's. I was like, "What? This doesn't make sense, because I was a big war hero, and now I'm like, 'Yes, would you like some sauerkraut?'" It was hard. It was hard to come home.... The minute I go on active duty, I go into "Sgt. First Class Jones mode." I don't think about sex or any of those kinds of things. [It's just] this is my job and this is what I do. It takes me about a week to ease back into it and I'm just SJ, bartender,

waitress extraordinaire. You go from, "I was making a difference when I was doing this in Bagdad" to "Would you like some ice to refresh that drink, sir?"

This sentiment was echoed by Beatrice, who, after her deployment to Kuwait, conceptualized her struggle as an issue of losing a sense of purpose:

What we sort of figured out is that I enjoy the responsibility and the missions and the tasks and things overseas. So when you come home, things don't have as much meaning and purpose necessarily. So you have to find a way to balance that. I guess you have to find a new purpose.

Some soldiers felt disappointment and a sense of abandonment after losing the civilian jobs they had prior to deployment. Cindy, a mother of school-aged children and a soldier who had been deployed to both Kuwait and to Afghanistan, stated:

It wasn't the deployment, what we did when we were there. It's really the coming home, because home wasn't ready to accept us. Home wasn't ready to provide us with that job that we had. Okay, we had job security. They give you the same job. Some of us were very lucky and very fortunate and their employers really did hold on to positions for them because they have honored what they did on paper. But, for the rest of us, the employers figure, ok well, you know I can't hold that job forever.

In addition to the difficulty of no longer having a responsible job role, some women also had difficulty with their transition back to their family role(s). The contrast between the activities of a high adrenaline, high stress, dangerous military role—often perceived as heroic—to those of a wife and mother role, perceived as commonplace, was surprisingly—and sadly—disappointing for a few women. Despite the stress Suzanne (above) experienced while deployed, the role transition was so painful that she desired to return to combat:

It was a very, very high-stress job that I held. You know, of course, we were bombed, and you know, your life of course feels threatened, you know most days. And I was just kind of caught up in that whirlwind, so to come back and to one day be armed and in uniform and then the next day be in civilian clothes and you know, be a wife and mom. It was just hard to step out of that role, if you will. It was so hard in fact, that for several months after returning I just wanted to go back. Because it was so hard to try and reintegrate.

Deployment Changes You

Most women reported strong emotional reactions to their deployment and reintegration experiences, both positive and

negative. Maria, who worked convoy security in Iraq said, "I think it's given me a greater appreciation for life and for what I have.... It changes you...makes you look at things a little bit differently." Becky, a single mother of a toddler, was very positive about returning from Iraq: "Just the tiny most insignificant things became so important and I began to see everything as a blessing."

More commonly, however, women reported negative emotional reactions, such as anger, irritability, and impatience. For some women, these responses persisted for many months or longer. Even a short, 4-month deployment to Northern Africa left Jacqueline feeling "so short-fused and easily angered and impatient and it probably took nine months." This was similar to Cindy's statement: "I just was mad at everybody."

On Ericka's return from Iraq where she worked with a company rebuilding schools, she found that

I couldn't sleep for a long time, so I was irritable because I wasn't sleeping. So I'd still say it took us about a month until we were just back into the same routine. I was very angry when I got back and I didn't even know why I was angry, I was just irritable and angry.

Some women indicated that their frustration and anger was directly related to their perception that people in the civilian world did not appreciate the importance of larger issues or took certain liberties and conveniences for granted. Linda, a soldier deployed to Afghanistan as a health administrator, said:

I came [back] both times with this incredible frustration of the world not being in a mission with me.... You know when you're in war, everybody that you are around... the units on the left and the right all know what the mission is.... When you come home and nobody's on that mission, you know the guy down the street could care less if you make it to work on time or whatever the case maybe. And, that gets incredibly frustrating with like some of the petty things you hear. You're like, "You guys don't get it. This is the mission here." That's the stuff I had to really weighing it on and change my focus on when I got home.

Some women indicated that their frustration and anger was directly related to their perception that people in the civilian world took certain liberties and conveniences for granted.

Margaret, a soldier in her mid-40s who had been twice deployed to Iraq, echoed this sentiment:

I just knew when I got back that I had a much shorter temper. I had a totally different mindset and I think most deployed soldiers do and we came back and we realize the things that everyone takes for granted every day and it kind of upsets you when you've come back from living in a tent and showering outside and using a 150 degree port-a-potty and you come back and people are worrying about things like having to wait in line because they have stuff to do. [In] Iraq you actually waited in line over three hours just for supper. Really, my patience level was not what it was prior to my leaving...I was not as easygoing as I was before I left and just angry I guess and I couldn't really tell you what I was angry about.

Reestablishing Partner Connections

Moving back into spousal relationships was a major task of reintegration, which elicited responses ranging from joy to profound disconnect. Several women mentioned the awkwardness in the return to intimacy and reconnection. Linda, with four deployments between herself and her husband, said:

The biggest stressor was learning intimacy again, learning what letting love in.... Because for a year to be gone you put, you have to put up this a barrier. If you don't protect yourself and not really let that emotion for intimacy or loving [go]...you would go crazy with [being] lonely, missing somebody. So you kind of wall that off and you learn how to communicate on the phone or in a letter...but that is really different.

Although Diana was glad to greet her husband, she added:

There's always that initial weirdness you go through when you first get back...I'm sure that men and women view this differently, but me the minute I get back, I don't want to be all touchy and kissy, and smooching with my husband because that's all he wants to do. He just wants to go right directly to that bed, and the first couple of days you're just like, "I'll get to it when I get to it. Just give me time to ease into [it] (laughing)." I'm not used to that physical touching stuff you know.

Meda's husband offered a welcome alternative:

One of the best things my husband could have done for our marriage was, he had planned a week-long vacation for just the two of us at a resort in Cancun. That was about a month and a half after I returned. And, that was a very good thing for us to reconnect...was very crucial, I believe.

Cheryl found that even a brief 6-week deployment in Iraq had a positive effect on her relationship:

If anything [the deployment] kind of made us stronger because...you appreciate each other a lot more and you appreciate what each other does...what they bring to the relationship.... So my husband, when I came back he was really wanting to spend a lot more time with me.

Several women who had distinctly negative experiences countered these positive comments. Terri was in her late 20s when she returned from Iraq: "I got divorced from my husband when I got home. I think we weren't meant for each other to begin with, but the deployment definitely brought a lot of things to light." Suzanne discussed her struggles with her relationship: "Actually, my husband and I till this day are walking that thin line of staying married and divorce. Neither of us wants to get a divorce but at the same time, it's taken a toll." Amy's partner was not supportive either during her deployment or her return:

My husband wasn't so good. It was like a punishment to me to not be supportive when I got home. He didn't take any time off of work. He had a meeting that first night. And he went to it instead of staying at home. So, it made it really tough.

Being Mom Again

In addition to the overall dynamics of families, there were the specific stressors of relationships with children. Linda said:

You don't really do anything, except your job for a year and then you come back and you have children with expectations of being cared for in some form or fashion, as simple as dinner time to all of the affection that goes along with that.

Becky stated:

I have a huge family, so being around all the kids, the increased noise like at holidays and family gatherings, there's still times that I have to just check out for a minute and go for a walk around the block or go upstairs and sit in the bedroom for a second. Not because I feel threatened, but just the chaos of the environment just gets to me. If there's a lot going on at once, I have to take a minute and regroup and then I'm fine.

Developmental changes in children during deployment, their demands, and their need for attention were a challenge. Anna, a 30-year-old soldier returning from Iraq, shared this example:

The hardest thing was having to care for other people [because] for the longest time you know you only had to take care of yourself.... For the year I was deployed, the only person I had to take care of was myself. When

I left for my deployment, he [my son] only said words and when I came home he said sentences. Not being around any type of children for that period of time it was really kind of rough [to have] somebody needing your attention, needing you to do things for them when you haven't had to do anything for anybody except for yourself. You didn't have to do any dishes because you eat off of plastic ware. The only laundry you had to do was your own. You didn't have to buy anything for anybody but yourself.... [My son] wouldn't let me leave his sight because he thought that I was going to leave him again. Every time I would leave, he would freak out. I thought I was a bad mom, even though I know I was a good mom.

Finally, there were children's problems resulting from the deployment that had to be immediately addressed. Mary Ann had been in the Guard for over 20 years and was deployed to Iraq twice:

[When I got back, my son] was failing out of school [and] there was no fixing it. I did meet with his counselors when I came home [who] said to me that M would come in there to talk because he is a great, good-hearted kid and [say] "Well, my mom is coming back in March and when my mom gets back, I always do better when she's here and she always helps me get through school. So when my mom gets back I should be doing better."

DISCUSSION

The five categories from this analysis of interviews with deployed female National Guard soldiers (Life Is More Complex, Loss of Military Role, Deployment Changes You, Reestablishing Partner Connections, and Being Mom Again) were not mutually exclusive. Both the realization that life at home is more complex and the loss of a military role contributed to the myriad of emotional responses experienced by the women and their reacting differently to the world. In turn, these reactions affected and were affected by women's need to be mom again and reestablish partner relations. We suggest that these categories might be seen as multilevel, moving from individual (Deployment Changes You) to family (Reestablishing Partner Connections and Being Mom Again) to community (Life Is More Complex, Loss of Military Role). Figure 2 shows relationships among these categories and suggests that an initial focus on addressing the needs of the individual woman might be key to effectively working with families.

The findings are similar to those found in a recent study of the reintegration experience of 22 Army nurses (Rivers et al., 2013). These researchers identified an almost identical theme to that found in this study that they called, It Just Changes You. They did not, however, see this theme as central to the reintegration experience. Participants in the study

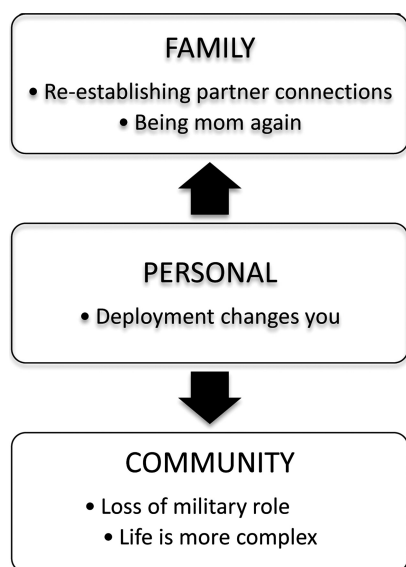


FIGURE 2. Interrelationships of the five categories, showing the centrality of the personal category Deployment Changes You to the family- and community-related categories.

also characterized the critical Stress of Being Home and their challenges in the shift of a single focus on job performance to that of the multitasking necessary in daily living (Rivers et al., 2013). Interestingly, participants did not mention family as a major theme; however, this may have been the result of the phenomenological research method used by the researchers, which began their interviews with one leading question about the major experiences of reintegration and permitted probes, “only for topics already introduced by the participants (p. 168).” Our findings add to and broaden understanding of reintegration beyond nurses to that of female soldiers in the National Guard. While the results of any qualitative study do not allow for generalizability, the similarities found in the sample of nurses (73% of whom were female) in the Rivers et al. (2013) study and the female soldiers from National Guard units in this study allows beginning understanding of the importance of addressing the impact on the women and on their families identified in these two studies.

The data from these interviews with women in National Guard units that had been deployed to combat areas were only a partial fit with the model of family stress that served as the theoretical basis of this study. The model suggested that appraisal, family functioning, coping actions, and the use of resources would affect the overall stressors. Certainly all five categories reflected the construct of stressors. The identified categories of Life Is More Complex, Deployment Changes You, and Loss of Military Role reflect the theoretical construct of appraisal/Reestablishing Partner Connections and Being Mom Again reflect the construct of family functioning. Consistent statements supporting homogenous categories of the use of resources or coping actions were not found. Participant

responses to these questions were too diverse and uneven to group and did not have the strength of the other identified categories.

A particular challenge was that, although the two categories reflected family functioning (Reestablishing Partner Connections, Being Mom Again) during reintegration, the family structures of participants were dynamic. The people and relationships that were present during deployment or return had often changed by the time of our interviews—which occurred months or years after the event. This dynamic quality made it difficult for participants to describe and for the researchers to characterize how family structure and function at the time of deployment contributed to reintegration.

The resiliency model did not include a variable that focused on the responses and experiences of individual women (Deployment Changes You), including understanding how her responses to reintegration might differ from those of a male/husband/father. An exclusive focus on family, without regard to the specific roles of or changes in individual members does a disservice to military women. An initial or concurrent application of a more woman-centered or gender-specific framework that would allow for the processing of her experiences would provide a stronger basis for future interventions. An alternative framework that might be appropriate is that of identity theory (Lomsky-Feder, Gazit, & Ben-Ari, 2008). For National Guard members, the shift in responsibilities from their deployment to their civilian role is often extreme. Griffith (2011) suggested that individual understanding of these circumstances is an important factor in establishing effective coping and adaption.

Although family needs are a critical part of this experience, the behavioral health needs of female soldiers should be considered either prior to or concurrently with the needs of their families. Effectively attending to any physical, emotional, or psychological trauma women may have experienced, both early in and throughout the reintegration process, is likely to have an overall positive effect on their families. Other useful and, as yet, unaddressed research might examine how long the effects of deployment and family reintegration last and strategies that women have used for successful adaption. For practitioners, it is important to note that many members of the National Guard and Reserves live in communities without easy access to Veterans Administration services; others may not be eligible for those services. These citizen-soldiers and their families use community schools, primary care, and behavioral health services. An understanding of the reintegration experiences of all family members can help to ensure that their needs are met during this transition.

Limitations

One limitation of this study is the self-selected nature of the sample. Participants were from several different states, but

recruitment occurred largely through National Guard Web sites and Facebook pages. The sample, therefore, largely included women who accessed these sites and had potentially greater contact with the Guard than women who only did the one weekend per month, 2 weeks per year. A second limitation is that the three researchers on this study were “outsiders” to military culture. Although expressing admiration for the role of the military in general and women who chose to serve their country through military service in particular, none of the researchers had prior experience working with military populations. This lack of experience may have prevented them from developing more in-depth, follow-up questions or probes. However, this outsider status may also be considered a strength, as the researchers were able to view participants and their responses in a clear and nonjudgmental manner.

Conclusion

Female soldiers have personal behavioral health needs during reintegration following deployment. Family needs are also a critical part of the reintegration experience. Both should be addressed when female soldiers seek help from nurses, counselors, and other health professionals. Future research is needed to fully appreciate the role of gender in reintegration.

Accepted for publication May 20, 2014.

The authors acknowledge the research was supported by Grant W81XWH-11-1-0154 from the Congressionally Directed Medical Research Program.

The authors have no conflicts of interest to report.

Corresponding author: Patricia J. Kelly, PhD, MPH, APRN, School of Nursing and Health Studies, University of Missouri-Kansas City, 2464 Charlotte Street, Kansas City, MO 64108 (e-mail: kellypj@umkc.edu).

REFERENCES

- Booth, B., Segal, M. W., Bell, D. B., Martin, J. A., Ender, M. G., Rohall, D. E., & Nelson, J. (2007). *What we know about army families: 2007 update. Family and Morale, Welfare and Recreation Command*. Retrieved from <http://www.army.mil/fmwrc/documents/research/WhatWeKnow2007.pdf>
- Brody, A., & Simmons, L. (2007). Family resiliency during childhood cancer: The father's perspective. *Journal of Pediatric Oncology Nursing*, 24, 152-165.
- Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics*, 125, 16-25. doi:10.1542/peds.2009-1180
- Chapin, M. (2011). Family resilience and the fortunes of war. *Social Work in Health Care*, 50, 527-542. doi:10.1080/00981389.2011.588130
- Chartrand, M. M., Frank, D. A., White, L. F., & Shope, T. R. (2008). Effect of parents wartime deployment on the behavior of young children in military families. *Archives of Pediatric & Adolescent Medicine*, 162, 1009-1014. doi:10.1001/archpedi.162.11.1009
- Cohen, S. A. (2010). *The new citizen armies: Israel's armed forces in comparative perspective*. New York, NY: Routledge.
- Finkel, L. B., Kelley, M. L., & Ashby, J. (2003). Geographic mobility, family, and maternal variables as related to the psychosocial adjustment of military children. *Military Medicine*, 168, 1019-1024.
- Griffith, J. (2011). Decades of transition for the US reserves: Changing demands on reserve identity and mental well-being. *International Review of Psychiatry*, 23, 181-191. doi:10.3109/09540261.2010.541904
- Hall, H., Neely-Barnes, S., Graff, J., Krcek, T., Roberts, R., & Hankins, J. (2012). Parental stress in families of children with a genetic disorder/disability and the resiliency model of family stress, adjustment, and adaptation. *Issues in Comprehensive Pediatric Nursing*, 35(1), 24-44.
- Hill, R. (1949). *Families under stress*. New York, NY: Harper and Row.
- Hoge, C. W., Castro, C. A., & Eaton, K. M. (2006). *Impact of combat duty in Iraq and Afghanistan on family functioning: Findings from the Walter Reed Army Institute of Research Land Combat Study*. Retrieved from <http://ftp.rta.nato.int/public/PubFullText/RTO/MP/RTO-MP-HFM-134//MP-HFM-134-05.pdf>
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15, 1277-1288. doi:10.1177/1049732305276687
- Institute for Women's Leadership. (2010). *Women in the U.S. military services*. Retrieved from <http://iwl.rutgers.edu/documents/njwomenscount/Women%20in%20Military%202009%20Final.pdf>
- Johnson, S. J., Sherman, M. D., Hoffman, J. S., James, L. C., Johnson, P. L., Lochman, J. E., . . . Riggs, D. (2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved from <http://www.ptsd.ne.gov/publications/military-deployment-task-force-report.pdf>
- Kelley, M. L., Herzog-Simmer, P. A., & Harris, M. A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Military Psychology*, 6, 125-138. doi:10.1207/s15327876mp0602_4
- Kelley, M. L., Hock, E., Smith, K. M., Jarvis, M. S., Bonney, J. F., & Gaffney, M. A. (2001). Internalizing and externalizing behavior of children with enlisted Navy mothers experiencing military induced separation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 464-471. doi:10.1097/00004583-200104000-00016
- King, T. M. (2013). *Soldiers help integrate women into Botswana Defence Force*. Retrieved from <http://iipdigital.usembassy.gov/st/english/article/2013/04/20130425146405.html#axzz2wWnbhSW>
- Lomsky-Feder, E., Gazit, N., & Ben-Ari, E. (2008). Reserve soldiers as transmigrants: Moving between the civilian and military worlds. *Armed Forces & Society*, 34, 593-614. doi:10.1177/0095327X07312090
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Newbury Park, CA: Sage.
- McCubbin, M. A., & McCubbin, H. I. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In C. B. Danielson, B. Hamel-Bissell, & P. Winstead-Fry (Eds.), *Families, health & illness: Perspectives on coping and intervention* (pp. 21-63). St. Louis, MO: Mosby.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- National Defence and the Canadian Armed Forces. (2014). *Women in the Canadian Armed Forces*. Retrieved from <http://www.forces.gc.ca/en/news/article.page?doc=women-in-the-canadian-armed-forces/hie8w7rm>
- Pierce, P. F., Vinokur, A. D., & Buck, C. L. (1998). Effects of war-induced maternal separation on children's adjustment during the Gulf War and two years later. *Journal of Applied Social Psychology*, 28, 1286-1311. doi:10.1111/j.1559-1816.1998.tb01677.x

- Pincus, S. H., House, R., Christenson, J., & Adler, L. E. (2001). The emotional cycle of deployment: A military family perspective. *US Army Medical Department Journal*, 4, 615–623.
- Renaud, J. (2005). *National Guard homeland defense white paper: September 11, 2001. Hurricane Katrina and beyond*. National Guard G5. Strategic Plans and Policy, October 2005. Retrieved from http://www.armg.army.mil/News/publications/Publications/HLD%20White%20Paper_11OCT05_Final_Version.pdf
- Riggs, S. A., & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology*, 25, 675–687. doi: 10.1037/a0025286
- Rivers, F. M., Gordon, S., Speraw, S., & Reese, S. (2013). U.S. Army nurses reintegration and homecoming experiences after Iraq and Afghanistan. *Military Medicine*, 178, 166–173. doi:10.7205/MILMED-D-12-00279
- Robinson, D. L. (1997). Family stress theory: Implications for family health. *Journal of the American Academy of Nurse Practitioners*, 9, 17–24. doi:10.1111/j.1745-7599.1997.tb01268.x
- Sayers, S. L. (2011). Family reintegration difficulties and couples therapy for military veterans and their spouses. *Cognitive and Behavioral Practice*, 18, 108–119. doi:10.1016/j.cbpra.2010.03.002
- Skjelsbaek, I. (2007). *Gender aspects of international military interventions: National and international perspectives*. Retrieved from <http://www.isn.ethz.ch/Digital-Library/Publications/Detail/?ots591=0c54e3b3-1e9c-be1e-2c24-a6a8c7060233&lng=en&id=38284> (Accessed March 20, 2014).
- Stafford, E., & Grady, B. (2003). Military family support. *Pediatric Annals*, 32, 110–115.
- Waldman, A. (2009). The other domestic mission. *National Guard*, 63(12), 30–32.
- White, C., deBurgh, H.T., Fear, N., & Iversen, A. (2011). The impact of deployment to Iraq or Afghanistan on military children: A review of the literature. *International Journal of Psychiatry*, 23, 210–217.
- Wiens, T., & Boss, P. (2005). Maintaining family resilience before, during and after military separation. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life: The psychology of serving* (pp. 13–38). Santa Barbara, CA: Praeger Security International.

Call for Papers: Biology Reviews for Nursing Research

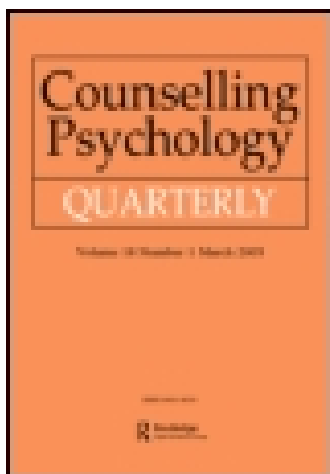
Nursing Research invites integrative reviews of current advances in basic biological sciences and translational research relevant to emerging areas of nursing science. Areas of interest include but are not limited to topics in: genetics, genomics, and epigenetics; systems biology/integrative physiology; neuroscience and imaging; computational biology; microbiology and the human microbiome; nanoscience; physiology *in situ* and mobile health devices. Biology Reviews for Nursing Research will provide up-to-date information about advances in these thematic areas to the global community of nurse scientists, with the aim of infusing new biological and “omics” knowledge into nursing research.

Reviews should summarize and critically evaluate the current state of knowledge. Implications for nursing research in relevant areas should be addressed, especially with respect to the priority research addressing prevention and treatment of disease and disability; symptoms and symptom management of acute and chronic illnesses; interventions for compassionate end-of-life and palliative care; infectious disease and global health; and integration of biological and behavioral perspectives on health over the lifespan across priority areas.

Papers accepted for Biology Reviews will be published as features in regular issues of *Nursing Research*.

Queries are encouraged and should be sent to Dr. Susan Henly, Editor (henly003@umn.edu).

Information for Authors is available at: http://journals.lww.com/nursingresearchonline/_layouts/1033/oaks.journals/informationforauthors.aspx. *Nursing Research* is indexed or abstracted in Medline, CINAHL, JCR Science Citation Index, PsychInfo and Thomson Reuters Web of ScienceSM.



[Click for updates](#)

Counselling Psychology Quarterly

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/ccpq20>

Women in the National Guard: Experiences with children during deployment

Johanna Nilsson^a, LaVerne Berkel^a, Patricia J. Kelly^b, Marti Trummer^a, Joanna Maung^a & Niyatee Sukumaran^a

^a Division of Counseling and Educational Psychology, University of Missouri-Kansas City, Kansas City, MO, USA

^b School of Nursing, University of Missouri-Kansas City, Kansas City, MO, USA

Published online: 24 Nov 2014.

To cite this article: Johanna Nilsson, LaVerne Berkel, Patricia J. Kelly, Marti Trummer, Joanna Maung & Niyatee Sukumaran (2014): Women in the National Guard: Experiences with children during deployment, *Counselling Psychology Quarterly*, DOI: [10.1080/09515070.2014.970127](https://doi.org/10.1080/09515070.2014.970127)

To link to this article: <http://dx.doi.org/10.1080/09515070.2014.970127>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

Women in the National Guard: Experiences with children during deployment

Johanna Nilsson^{a*}, LaVerne Berkel^a, Patricia J. Kelly^b, Marti Trummer^a,
Joanna Maung^a and Niyatee Sukumaran^a

^a*Division of Counseling and Educational Psychology, University of Missouri–Kansas City, Kansas City, MO, USA;* ^b*School of Nursing, University of Missouri–Kansas City, Kansas City, MO, USA*

(Received 2 April 2014; accepted 24 September 2014)

More women of the National Guard and Reserves have deployed to combat zones overseas than ever before. Upon reintegration, these soldiers often face a number of stressors related to their combat zone experiences and readjustment to civilian life. One of these stressors is the reintegration with family, partners, and children. This qualitative study involved interviews with 30 women from the National Guard regarding their reintegration experiences with their children. Four categories were revealed from the data: (a) Concerns for Children's Well-being, (b) Sense of Loss (c) Reintegration: Personal Challenges, and (d) Reintegration: Children's Reactions. Implications for clinical work with returning soldiers and further research are discussed.

Keywords: women; children; deployment; reintegration; military; National Guard

Since 2001, more than 700,000 US children had a parent deployed to the wars in Afghanistan or Iraq (American Psychological Association [APA], 2007). A substantial number of these children have mothers who served in the National Guard. Of the soldiers that serve in the National Guard, about 16% or close 73,000 are women (The Women's Memorial, 2011). While the National Guard has traditionally been used to provide relief services during natural disasters such as floods and earthquakes in the United States, these units are now, due to budget cuts and post-9/11 military engagements, mobilized to serve in war zone deployments (Renaud, 2005). These changes mean that many women in National Guard units have experienced multiple and longer term overseas deployments than ever before in history, often with only short time periods between assignments and assignments given with limited notice (Carson & Hastings, 2012). Given the history of these units, it is possible that many soldiers in the National Guard do not foresee the possibility of extended and multiple deployments to dangerous war zones, and are potentially less prepared to effectively deal with family separation and post-deployment reintegration. At this point, little is known about these women soldiers and their children's experiences with war separation and reintegration. In this study, we explore the reintegration experiences of these women, particularly as they relate to challenges concerning their children.

*Corresponding author. Email: nilssonj@umkc.edu

Compared to active duty personnel, the lived context of individuals serving in the National Guard is different. National Guard soldiers tend to be older and less integrated into military life (Lane, Hourani, Bray, & Williams, 2012). Many live in communities with few, if any, military families and have less access to support services than active duty families. Upon deployment, they must make detailed plans to take extended leaves from their civilian jobs and to find care for their children (Kline et al., 2010). Such disruptions are often associated with significant financial and transitional difficulties (e.g. Lane et al., 2012; Street, Vogt, & Dutra, 2009). After deployment, National Guard soldiers return to their homes, jobs, and communities without the time, day-to-day supports, and camaraderie provided by the military units of full-time soldiers working on a base (Kline et al., 2010; Pfefferbaum, Houston, Sherman, & Melson, 2011). Such soldiers return to communities and families where there is a minimal culture of support and acknowledgment of what they have experienced. Employers, peers, neighbors, and schools may have only the sparsest knowledge of where soldiers were posted, what their roles were, and how the family functioned in their absence (Waldman, 2009). In fact, several studies have found that reserve units (including the National Guard) report more mental health problems, such as anxiety, depression, and PTSD, than members of active duty units (e.g. Lane et al., 2012; Thomas et al., 2012).

Current research suggests that the deployment experience can drastically impact women's health and well-being, potentially impacting their ability to carry out their civilian roles, like that of a mother. Both trauma and stress models have been used to understand the reintegration process for soldiers (e.g. McCubbin & McCubbin, 1993; Wiens & Boss, 2006). Such models highlight risk and protective factors for families faced with serious stressors. For the present study, the Resiliency Model of Family Stress was used as theoretical framework, modified based on the work of Hill (1949), to understand the impact of separation and reintegration on families due to war (McCubbin & McCubbin, 1993). This theory proposes that the outcome of reintegration depends on the interplay of various factors that influence a family's reaction to crisis such as family strength and functioning, available resources, and action taken to lessen the demands. The model has been applied to families across a wide spectrum of ethnic and economic populations facing challenges such as economic stress, violence, and alcoholism (Robinson, 1997).

Women service members are often enlisted in "combat support" jobs, such as military police, transportation, mechanics, and civil affairs; these jobs place them at risk for stressors that are associated with mental health concerns within the overall military population (Boyd, Bradshaw, & Robinson, 2013; Hoge, Clark, & Castro, 2007). Although women soldiers tend to report lower rates of exposure to high-intensity combat situations compared to their male counterparts (Street et al., 2009; Vogt et al., 2011), their exposure to trauma has increased over the years. Maguen, Luxton, Skopp, and Madden's (2012) study of 7251 active duty soldiers study showed that 31% of women soldiers had been exposed to death, 9% had witnessed killing, 7% had suffered from injury in the war zone, and 4% had killed in war. In comparison, 66% of men had been exposed to death, 45% had witnessed killing, 14% suffered injury, and 35% killed in war. Earlier studies show that women soldiers' exposure to trauma has clearly increased. A study conducted on Gulf War female veterans found that 14% reported being exposed to death, 2% reported combat injury, and 1% had killed (Carney et al., 2003).

In addition to such deployment-related experiences and stressors, women in the military also report gender-based harassment, unwanted sexual attention, sexual coercion, and sexual assault (e.g. Kelly, Berkel, & Nilsson, 2014; Kelly, Nilsson, & Berkel, 2014; Murdoch, Pryor, Polusny, & Gacksetter, 2007). Sexual trauma, such as rape or unwanted physical and sexual contact, during military service is believed to affect 12–15% of servicewomen (Haskell et al., 2010; Kimerling et al., 2010; Maguen et al., 2012), and is associated with poorer physical and mental health, including PTSD, anxiety, and depression (e.g. Kimberling, Gima, Smith, Street, & Frayne, 2007; Street et al., 2009). Such stressors and their related mental health issues may affect women's adjustment to civilian life, including relationships with their children.

With their increased exposure to war and military sexual trauma, female service members are at risk for developing mental health problems that may negatively impact their reintegration into civilian and family life. For example, the literature has well documented the association between deployment-related trauma and PTSD (Himmelfarb, Yaeger, & Mintz, 2006). PTSD symptoms have been associated with self-reports of poorer parenting efficacy (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010) and may make mothers more reactive and impulsive with their children, thus resulting in poorer family adjustment (Chemtob & Carlson, 2004). Notably, the reintegration process is considered difficult for the returning service member even without the complications that arise when coping with mental health issues. For female and male soldiers, concerns reported include disrupted communication patterns, losing one's role in the family, conflicts with family members when assuming one's old family role, missed important milestones in the children's lives, and difficulties retaining a strong child–parent relationship (Bey & Lange, 1974, cited in Kelley, Herzog-Simmer, & Harris, 1994; Boyd et al., 2013; DeVoe & Ross, 2012). The literature is less thorough in explicating the unique experience of deployed female soldiers, though it is evident that contextual and demographic factors may compound family difficulties during reintegration. The US Department of Defense (2010) reported that military mothers are usually younger, of lower socioeconomic status, and more likely to be single or partnered with a military spouse.

About 9% of soldiers in the reserve units are single parents, double the number of active service members (Office of the Deputy Under Secretary of Defense [ODUS], 2012). Military women with children are more likely to report significant declines in physical and mental health and report psychological issues such as anxiety and depression after deployment (The Joint Economic Committee, 2007). The pre- and post-deployment processes might be especially challenging for single mothers, a growing segment of today's National Guard and Reserves members (ODUS, 2012). Dutra et al. (2012) reported that single military mothers who must leave their children with grandparents or other family members have a particularly difficult time with the separation. Kelley et al. (1994) found that single mothers, who were anticipating deployment in the navy, reported more separation anxiety and less family cohesiveness, commitment, and support than did married mothers.

Although several studies have investigated the effect of deployment on women's health and adjustment, conclusion regarding the impact of deployment on children's health and well-being remains uncertain due to a range of methodological limitations. For example, White, de Burgh, Fear, and Iversen (2011) suggested that studies tend to overly rely on retrospective reporting and cross-sectional designs and overlook potentially confounding variables, such as pre-existing child temperament or behavioral

issues. A related concern with this literature is that it poorly delineates the effects of deployment on non-traditional families, including National Guard members and minorities (APA, 2007). More specific to this study, the literature either does not conclusively explicate how family functioning differs when the deployed parent is the mother (e.g., Chandra et al., 2010) or it solely considers paternal deployment (Barker & Berry, 2009).

In their study of young children, Barker and Berry (2009) found that both length of deployment and number of deployments were positively associated with increased behavioral problems, such as clinginess and tantrums. Many children in this study also showed, at least initially, attachment problems in terms of confusion and distress, at the time of reintegration with the deployed parent. This distress was shown by not wanting to sleep in their own bed, preferring the non-deployed parent, or not wanting the deployed parent to leave the room.

A recent meta-analytic study showed an association between deployment and children's maladjustment. Of the 16 studies surveyed in this article, most of the deployed parents were fathers, a median of 92%, which speaks to the lack of current research regarding maternal deployment. Although the effect size was small, there was evidence that parental deployment was associated with externalizing behavior (e.g. aggression), internalizing behavior (e.g. anxiety), and academic difficulties among children (Card et al., 2011). Card et al. also concluded that, compared to children of other age groups, children in middle childhood tended to experience the poorest outcomes related to parental deployment.

Compared to young children, older children and older siblings may have to take on greater household responsibilities, such as doing more chores and caring for younger siblings, during a parent's deployment (Chandra et al., 2010). In fact, adolescents with deployed parents have shown increased stress, blood pressure, and heart rate compared to controls (Barnes, David, & Teiber, 2007). Based on their review of literature on the impact of deployment on children, White et al. (2011) concluded that family stress and mother's mental health were the strongest predictors of negative outcomes. Similarly, Flake, Davis, Johnson, and Middleton (2009) found that parenting stress, rated by army spouses, 87% of whom were female, was the strongest contributor to children's poorer psycho-social functioning. In a longitudinal study conducted on air force mothers deployed during Desert Storm and Desert Shield, children's adjustment problems appeared to increase when deployments caused significant changes in the children's lives or the deployed mother had difficulty providing care for her children. However, the study also showed that while children tended to show various adjustment problems due to deployment, these problems were transient (Pierce, Vinokur, & Buck, 1998).

Although the reintegration experience is challenging for all soldiers, the goal of this study was to document the post-deployment family reintegration experiences of women in the National Guard, a population that remains largely understudied despite their increasing role in today's military forces. To date, minimal studies have employed qualitative methods to fully document how female service members experience leaving and returning home to their children. This study was conducted to explore the unique challenges endured by members with children, by interviewing previously deployed women soldiers in the National Guard regarding their deployment and reintegration stressors concerning their children, with the goal of gathering data to support the development of needed and effective resources for this population.

Methods

As part of a larger study on female National Guard members from Iowa, Kansas, Missouri, Nebraska, and North Dakota concerning reintegration experiences, this study focused on the 30 participants reporting having children during their deployment. The participants' ages ranged from 23 to 50 (mean = 39 years, SD = 10.5; data on age were missing from 17 participants). At the time of the interview, 11 (37%) soldiers were married, 13 (43%) were divorced, and the remainder were engaged/partnered ($n = 3$, 10%), single ($n = 2$, 7%), or separated ($n = 1$, 3%). The number of children of the participants ranged from 1 to 4. Eleven participants (37%) reported having one child, nine (30%) reported having two children, four (13%) had three children, and six (20%) had four children. Four of the participants identified their children as stepchildren. The children's ages at the time of deployment ranged from infancy to young adulthood (mean = 13.33). Within this sample, 23 (77%) women had been deployed once, six (20%) women had been deployed twice, and one (3%) woman was deployed three times. Among these deployments, Iraq was the most common deployment destination followed by Afghanistan. Other deployment destinations included Kuwait, Turkey, United Arab Emirates, and countries in Africa. Deployments lasted from 3 weeks to 14 months (mean = 9 months, SD = 3.70 months). The vast majority reported a variety of jobs during their deployment such as nurse, medic, platoon leader, flight technician, plumber, and project manager.

Interview schedule

We conducted semi-structured interviews with soldiers using questions based on the Family Resiliency Model (McCubbin & McCubbin, 1993). Interviews were conducted by the investigators of the study (the first three authors), a nurse practitioner, and two counseling psychologists, all women. Interviews were audiotaped and began with general background questions about participants' demographics. We asked about the structure of and changes to their support system, their experiences of reintegration, and their family's response to the transition. We also inquired about stressors experienced before, during, and after their deployment; resources that they and their families used during and after deployment; their appraisal of these resources; religiosity; and recommendations to improve the resources. Individual interviews were transcribed verbatim by a graduate student assistant.

Data analysis

From the larger data-set of 42 participants, we used the data from the 30 participants who reported having children; this allowed us to focus solely on the experiences of soldiers who also were mothers. The HyperResearch qualitative software package was used in the cross-analysis portion of the data analysis.

A research team consisting of one faculty member in counseling psychology (White female) and three students (Asian Indian, Asian American, White, and all women) engaged in this stage of the data analysis. All four research team members participated in the original research team and are authors on this paper.

Guided by techniques of conventional content analysis, transcripts were reviewed and significant statements and key phrases assigned codes by the research team. This

analytic approach is appropriate when “existing theory or research literature on a phenomenon is limited” (Hsieh & Shannon, 2005, p. 1279). Specifically, we used the analytical procedure for qualitative investigations proposed by Marshall and Rossman (1999). After training and reading through several interviews, we engaged in the second phase of Marshall and Rossman’s approach that included generating categories, themes, and patterns as we were already immersed in the data. Together, we worked to develop more specific categories and subcategories than were developed during step one of the data analytic process. After reaching an initial consensus of these categories and subcategories, two of the team members individually re-read and coded all the data, revising and adding subcategories when needed. In the third step of the analysis, the team met to discuss revisions of the categories and subcategories until all of the data were coded and final descriptions for each theme and subcategory were created. Finally, the fourth and fifth stages of the analysis involved working with the data by testing emergent understandings and searching for alternative explanations; that is, we examined the data as a whole to develop a broad understanding of the patterns, including patterns that did not fit the themes resulting from the prior analysis. We reconciled discrepancies by searching for alternative explanations to the data and by modifying categorizations whenever necessary (Marshall & Rossman, 1999).

Once the data analysis was completed, a White male counseling psychologist with expertise in qualitative research served as an auditor of the study to ensure trustworthiness of the findings. He reviewed and evaluated the methods, data analysis processes, interviews, and the findings to ensure confirmability, credibility, and dependability.

Researcher-as-instrument statement

Prior to completing any interviews, the researchers discussed their beliefs and attitudes about women in the military and their expectations of what they thought the data would reveal. Through this process, we acknowledged that while several of the team members were able to identify family members who had served in the military, none of the team members had any military experience themselves. Several team members reported feeling like “outsiders” to the military culture, while also expressing admiration for soldiers for their sacrifice in military service. Additionally, when there was admiration expressed, several members also wondered about the women’s decision to join the National Guard, particularly when there were young children in the home.

Procedures

Permission was secured from each state National Guard unit to recruit women from their units via word of mouth, flyers posted at National Guard units, and announcements on the units’ Facebook pages. Women who were interested in participating contacted the investigators and a convenient time for an interview was arranged. A consent form approved by the university’s Institutional Review Board and the Office of Research Protections of the United States Army Medical Research and Materiel Command was read to each woman prior to beginning the interview. When available, some women received the consent form via electronic mail and returned the signed consent form electronically or via fax.

Results

The focus of this specific study was not on the women's reintegration experiences in terms of their mental health, financial and vocational processes, relationship with partners, and family of origin. These themes do, however, provide the backdrop for women's experiences readjusting to their role as mother and relating with their children. For an extensive review of these contextual realities, see Kelly, Berkel, et al. (2014). For this study, four categories were revealed: (a) Concerns for Children's Well-being with several subcategories: Act of Leaving, Placement During Deployment, Retaining Relationship while Deployed, and Stressors at home; (b) Sense of Loss; (c) Reintegration: Personal Challenges with subcategories of Emotionality and Mental Health, Children's Reactions to their Mother's Reintegration Difficulty; and (d) Reintegration: Children's Reactions with subcategories of Attachment, Emotional Reactions, and Adjustment over time.

Concerns of children

Almost all participants reported worrying about their children while preparing for and during their deployment, and most believed that their deployment had been tough on their children. During interviews, it became clear to us that the women began feeling concerned about their children even before deployment, and that experiences at this stage of the deployment process could affect the reintegration experiences. This category included four subcategories that seemed to highlight the unique concerns and stressors identified by the participants: Act of Leaving, Placement during Deployment, Retaining Relationship while Deployed, and Stressors at Home.

The Act of Leaving

Most of the participants (77%) in this study had only deployed once, and while some seemed willing to serve again, others feared the impact it could have on their children. One participant, with an 11-year-old child during her second deployment, described it this way:

That was a lot harder. When I had to tell him six months later I was getting deployed again to Iraq it was really hard to tell him. And he didn't take it very well at first. He was like, "Mom, you just got back."

A 33-year-old participant with two young children, who had been deployed three times, described it this way:

It was hard for me to leave. I usually sent my kids, well for the first two [deployments], I sent my kids ... to my family. And on the last one, [child's name] was in preschool so I could not send her and I actually left in the middle of the night; it was hard to leave the kids.

As concluded by one participant with several children,

Well, I just, I hope ... I don't know. I hope I don't ever deploy again. I hope that I'm overlooked. I want to serve, but I want to serve in the capacity that I'm able to and I think deployment for me, my family would just be too devastated. It would be too much for

them. And I know families who have the males deploy more than once and I see how hard it is on them. But having the female gone is so much different than having the male gone and I can't explain it. And I can't explain it.

Regardless of the number of times women were deployed, the Act of Leaving a child or children produces concerns. Statements from the participants highlight the distress they felt prior to deployment.

Placement during deployment

One major concern in the process of preparing for deployment was the placement of their children while gone. Many participants made great effort to ensure their children would be well cared for during deployment and many expressed how emotionally difficult and stressful it was for them to leave their children. This appeared to be especially true for participants who left young children and for the participants who were the sole or main guardian of their children. While most participants seemed able to leave their children with husbands and partners, others expressed a great deal of concern over the need to uproot their children to live with relatives or friends in other towns, states, and even other countries during deployment. For instance, a single mother who had left her son with a friend, the friend's husband and their two children, reported concern about her child's adjustment to, not just being without his mother, but to now being one of three children.

Many children seemed to struggle with the reintegration process; data revealed that several of the children, who had to move to other locations or live with family members and friends during the deployment, showed strong and at times surprising reactions to their mother's return. According to some participants, their children did not want to return to live with them and for others it took much longer than expected to return home. Further, children who had lived under the expectations and rules of someone else had difficulties adjusting back to the daily routines they once had with their mother. One mother talked about her relationship with her teenage son who had lived with someone else during deployment:

It was hard. He was, we had both changed, you know, he was becoming a teenager. We're very close, we still are very close. But it was a different reintegration because he'd been living with someone else, under someone else's rules. And then when I came home I wanted him to do things like I had been used to. I said, "[child's name], go do this," and he finally one day looked at me and said, "Mom, I'm not one of your soldiers."

Asking for family members or friends to care for children while on deployment proved stressful for many of the participants. Timing and the nature of the placement also seemed to be factors related to how children and mothers handled the children's new environment. Placement of children may have also influenced the quality of relationship the children had with their mothers while they were deployed.

Retaining relationships while deployed

For most participants, involvement in family life did not stop during deployment, but the level to which the participants remained involved varied quite a bit. This difference appeared due to the soldiers' location and duties during the deployment along with their

psychological ability. Many kept regular contact with their children via email, phone, or Skype. Some remained in such regular and close contact that they could help their children with homework.

For others, however, ongoing contact was much more difficult and they could only speak with their children on rare occasions. Yet even with the opportunity to talk with their children, some expressed pain and disappointment because of the difficulty they had bonding with them, many children did not want to open up to them. Others choose to limit their contact with, and participants referred to this as a need to compartmentalize feelings and experiences – life as a soldier vs. life as a mother.

Stressors at home

For those who communicated regularly with family, it was apparent that life at home did not come to a halt during deployment. The life of the soldiers' parents, partners, husbands, extended family members, and children went on and could many worries, significantly impacting the well-being of the deployed soldier. Several participants expressed helplessness for not being available for their families at home. For instance, one participant reported that her teenager was failing his classes while she was deployed. Another reported that her daughter was stopped for drinking and driving: "Well my daughter at 19 had just got picked up for drunk driving and three weeks later after that, she got picked up again so, that was a lot of stress that ... I couldn't control."

Others reported feeling guilty for not being able to help out more at home, "That was probably the biggest challenge – I couldn't do anything from where I was, really far away. But that was the hardest part, not being able to help." In addition to feeling they could not provide enough support for their children, some also felt burdened by the expectation to remain in the caregiver role,

You know, it was always me trying to lift him [my husband] up, you know and I could only do that for so many months before I was like I can't do this anymore, I can't be strong for all of us.

Sense of loss

Although participants disclosed situations and events at home that resulted in stress, participants also discussed their feelings about not being around for or not feeling part of events they considered important for their children. For many participants, being deployed meant missing out on special events with their children such as developmental milestones, birthdays, and holidays. These losses were experienced as painful. One participant described it this way: "Well, I did. You know, I missed Thanksgiving and I missed [child's name] programs at school and that kind of stuff. Yeah that was tough ..."

Reintegration: personal challenges

Emotionality and mental health

Some participants talked about the reintegration process as rather easy (e.g. growing closer to parents, siblings, children, and partners), but the majority expressed serious

difficulties with adjusting back to civilian life and to their role as a mother. Another woman described the adjustment process as initially so difficult that she wanted to get redeployed:

Well, I think it was because for five months, I was going at a ... just a break-neck speed every single day. I did not get a lot of sleep the entire time I was gone. It was a very, very high stress job that I held. You know, of course, we were bombed, and you know, your life of course feels threatened you know most days. And I was just kind of caught up in that whirlwind, so to come back and to one day be armed and in uniform and then the next day be in civilian clothes and you know, be a wife and mom. It was just hard to step out of that role, if you will. It was so hard, in fact, that for several months after returning I just wanted to go back. Because it was so hard to try and reintegrate.

The data revealed that most participants reported experiencing resentment, frustration, and irritation returning from deployment. Several also expressed difficulties controlling their anger and feeling emotionally out of control. It appeared that most participants felt unprepared for their intense emotional reactions,

I'm doing better but it was, it was really difficult coming back for, for a number of reasons, but I had a, I had a really like tough time that I didn't anticipate. Honestly I didn't expect it, but I had a lot of anger.

Another participant described it as, "I just feel like I can fly off of the handle more easily than I could before."

Some participants discussed how mental health problems, like PTSD and depression, made the reintegration process even more difficult, "I think I had PTSD when I came back from Desert Storm because I had memory loss, weird things, I'd forget the kids' birthdays, forget which keys opened the door; forget my telephone number."

Children's reactions to their mother's reintegration difficulty

Some participants talked about the difficulties they had in being present with their children, overwhelmed by the daily demands while simultaneously longing for the space to internally process what they had experienced during the deployment.

I was physically here, but mentally I was checked out. I was still back in Iraq. So, to just kind of, like mentally get reengaged with my kids, it was just really hard. You know, they just wanted their mom back and I just wanted to be alone to kind of process what I had experienced.

A mother of four children talked about how her children reacted to her emotionality and her need to be alone.

Instead of getting out of that chaos and back to some sort of order and peace and continuity, you came back only to find that you have another state of chaos that you have to deal with – your family! There are those that were shook up because you don't look like you did when you left. So the kids, they don't know how to talk to you then because they don't know if you are going to snap out for some reason and start yelling. They don't understand when you sit in the corner kind of quiet, by yourself while everyone else in the family is laughing and talking.

Reintegration: children's reactions

Like their mothers, children showed a wide range of reactions to the reintegration process, according to their mothers. Three clearly interrelated subcategories were revealed in this section: Attachment, Emotional Reactions, and Adjustment over Time.

Attachment

Due to the mothers' deployment, some participants reported that their children formed close attachments with other family figures. For example, some children grew closer with their fathers or grandparents. At times, the participants viewed this as positive; however, in other situations, it appeared that when some children formed such a close attachment with another significant caregiver that it was difficult for the participants to re-establish the closeness they had once had with their children. As explained by a participant regarding her four-year-old son's reaction to her return, "He would always go to his sisters or he would go to my mom, because my mom was over there a lot. And he still has a much stronger bond with my mom than with me." Such experiences caused participants a great deal of sadness.

While the children of some participants responded to their mothers' return by keeping distance, others reacted in the opposite way. Some participants with younger children reported that their children did not want to leave their sides. "My son was attached at the hip the minute I got home." Such attachment issues and the associated issue of children's fear of their mother redeploying was common,

... it probably took, I would say a good 6 months, 6–9 months for him to be okay with me leaving. I mean he still talks about when I left ... and he still talks about when I came home.

Emotional reactions

Some children responded with withdrawal, anger, and frustration ... A participant described the difficult reconnection process with her daughter,

My daughter and I had a really tough time, her telling me that I didn't care about her friends, I didn't care about things because I couldn't talk about it. I didn't know what was going on, so we had a really tough time. I'd say we're doing fine right now, but it, it was really tough for me, and she told me I didn't give her enough time to get used to me being back, and so, I think on everybody it was tough.

Although not as common, a few participants talked about taking their children to receive psychological treatment due to attachment issues and separation anxiety. When marital problems were present, it seemed to make it even harder for children, as expressed by one mother:

It was just pretty bad all of the way around and by that point too, he had also, my daughter still feels this a little bit, because he has told her that mommy is going to get killed if she stays in the military and she [the daughter] has been going through a lot of counseling.

Adjustment over time

As time passed, but not all, the participants' lives seemed to stabilize, their mental health improved, along with the relationships with their children, "[Child's name] and I are good now. Our relationship is back where it was. Both relying on each other, and, yeah. It's good." Another participant with four children concluded:

They were all pretty well adjusted to it, but, they were fine with me. They just weren't happy with the army. They just didn't want me to go back. They didn't want me to get deployed again. They didn't want me to leave again. They don't like it when I have to go to drill.

Other positive outcomes recognized by participants included that children were able to form a deeper or different bonds with their fathers and other caregivers, and some participants saw their children becoming more mature and independent.

Yet, while some participants talked about positive, seemingly lasting effects, others reported feeling concerned and guilty regarding the toll they believed the deployment had taken on their children. As stated by one participant with one child:

I need to quit beating myself up because of it. But I don't know if I can because it is a byproduct of what I did to him. He's a good kid, he's an A-B student, a very smart child. But he is kind of a recluse and he didn't used to be.

Discussion

This study examined National Guard women soldiers' experiences of stress associated with their children during the deployment cycle. Four main categories were revealed: Concerns for Children's Well-being, Sense of Loss, Reintegration: Personal, and Reintegration: Children's Reactions.

The first category showed that participants began experiencing stress and anxiety concerning their children's well-being while preparing for deployment. Decisions made at this stage have the potential to impact the reintegration process. For women who were single and/or had young children, this planning stage seemed especially stressful. Other studies have found similar results; for example, Dutra et al. (2012) found that single military women struggle more with the separation process than married women. An estimated 9% of the National Guard parents are single and many have young children (ODUS, 2012). To be noted is that in the present study, 43% of the participants were divorced, suggesting an even larger portion of single parents. While we did not ask the participants whether they were divorced prior to deployment or if this occurred due to deployment, such data might be helpful in furthering the understanding of the reintegration process and its impact on families.

One of the pre-deployment decisions that appear to impact the mother-child relationship at the reintegration stage is the decision of where to place a child during deployment. When a father or partner was unable to host the child, participants had to place their children with other family members, sometimes in another city or even country. Others had to place them with friends, and siblings were sometimes separated. We know little about how these residential changes impacted the children psychologically; yet

from the participants' reports we know that many children reacted strongly and not always positively upon their mothers' return, and this seems especially true for children who experienced a significant change in residence during deployment. Clearly, more research is needed to gain insight into how to best help children during their mother's deployment.

Additional factors that may help explain children's responses to the reintegration process are the quality and ability of the mother to maintain a regular relationship with her children during deployment. While some participants reported having almost daily contact with their children (e.g. being available for homework and other daily concerns), others reported much less frequent contact. Although for some women, sporadic contact was not a choice but a result of their specific deployment placement and duties, other mothers reported choosing to keep a physical and emotional distance from their children. Keeping this distance appeared to be a way to cope with difficulty bridging two such separate worlds.

Many participants also expressed a sense of helplessness stemming from being too far away to be able to provide support for their children. The data also showed that some children experienced some unique, personal difficulties during their mothers' deployment, and others acted out, adding to the participants' sense of guilt and helplessness. A few participants expressed resentment, feeling that they had to continue the almost impossible task of remaining the emotional caretaker for the families while deployed – not just for their children but also for their partners.

The second category, Sense of Loss, correlates with what has been reported in previous studies (Boyd et al., 2013; DeVoe & Ross, 2012). Similar to these findings, the participants in this study described a wide range of stressors and emotions while deployed. Many participants worried over their children's well-being while gone, and also described painful feelings for not being able to witness their children's milestones (e.g. birthdays or attending school events).

Even though it is not surprising that the deployment experience was challenging because of the separation that women experienced from their children, women also reported that returning home – back to the role of motherhood – could be equally difficult (Category 3: Reintegration: Personal Challenges). Upon return, many participants reported feeling overwhelmed by the daily demands of life in general and motherhood in particular, such as shopping, cooking, and childcare. It appeared that the switch from deployment back to ordinary life was too sudden and that many would have liked more time alone to process what they had been through. They described themselves as emotionally reactive, quick to irritation, and anger when thrown into daily life; many appeared unprepared for their emotionality and had difficulties coping with it. Consistent with the literature, some participants talked about experiencing more serious mental health problems, such as PTSD and depression, and those struggles made the reintegration process even more difficult. The unique situation of National Guard soldiers compared to active units, such as the lack of organized support upon return, may make this group of soldiers not only more vulnerable to mental health problems (e.g. Lane et al., 2012; Thomas et al., 2012), but maybe also to family reintegration challenges. Facing their own mental health problems, it appeared that many participants had difficulties at least initially to meet their needs of their own or appropriately respond to their children's reactivity.

Not that different from their mothers, mothers reported that their children also expressed a range of different reactions relevant to their age (ranging from infancy to young adulthood during their mothers' deployment). The fourth category revealed many different manners through which children related and expressed attachment to their mothers upon their return. Some children responded with withdrawal, anger, and frustration while some older children appeared to express their anger by maintaining emotional or physical distance from their mothers. This is consistent with Barker and Berry's (2009) findings wherein many children demonstrated at least initial attachment problems such as clinginess, confusion, and distress during reintegration of the deployed parent.

In addition, several participants reported that their younger children who had lived with extended family members formed close attachments with other family figures, making it hard for some participants to re-establish the bond they once shared with their child as the primary caretaker, causing much stress and worries for the participants. This type of attachment confusion among children was reported by other researchers (Barker & Berry, 2009). Still other children reacted quite differently and stayed physically close to their mother's side and expressed anxiety about the possibility of future separations. For many participants, their children's strong need for reinsurance and physical closeness were also taxing for the women as they desired solitary time to process what they had gone through during the deployment. Although not as common, a few participants reported that they sought psychological services for their children to address the attachment issues and separation anxiety. These findings support previous studies that have indicated that deployment is associated with children's externalizing and internalizing behavior (Barker & Berry, 2009; Card et al., 2011) but also similar to other studies (e.g. Pierce et al., 1998) many women reported that their children's initial emotional struggles with reintegration decreased over time.

The present findings clearly suggest that deployment for women and their children can be a tumultuous experience with implications for the well-being of the mother, child and the mother-child relationship. The study showed that women's reactions to and managing of stress are individual and diverse. What is not extensively addressed in this study, but has been discussed in other studies, is that upon return, women soldiers may also have to deal with serious mental health problems (e.g. Kimberling et al., 2007; Street et al., 2009), marital problems, and financial and economic problems (Kelly, Berkel et al., 2014), potentially making the rebuilding of a strong parent-child relationship even harder. In support of the Resiliency Model of Family Stress (McCubbin & McCubbin, 1993), the results suggest that the women's functioning interplay with reintegration and that a lack of support services may further impact successful reintegration. Because National Guard units tend to have less access to support services that often provided by the military units of full-time soldiers (e.g. Kline et al., 2010; Lane et al., 2012), finding ways to support these families within their specific contexts is critical.

Clinical implications

The findings suggest that support for women both prior to and after deployment is needed. Planning for deployment can be challenging and stressful, as women need to prepare their children for separation and potentially find another home or caretaker for them while deployed. Services, such as psycho-educational groups or individual/family

counseling, should be available to support women, their partners, and children during this process and help prepare them for the upcoming separation and reintegration. Services to support the children's well-being should also be readily available during their mother's deployment. Furthermore, this study highlights the challenges experienced by both mothers and their children in relation to maternal deployment. Military mothers agree that support from their units, family readiness groups, and counseling services is critical to the health of them and their families (Goodman et al., 2013), but note that oftentimes, these services are geared toward families where the deployed soldier is male. Although there are more behavioral health services available to soldiers and their families, military mothers have reported that these are often offered at inconvenient times, and therefore are not fully utilized (Goodman et al., 2013).

Post-deployment support for returning women veterans and their families would be to provide access to support groups that focus on issues related to reintegration, specifically for women. Limited time for reintegration activities with families was identified in the literature as a concern for military mothers (Goodman et al., 2013). In our study, the women reported feeling somewhat isolated in that they were surrounded by family members and friends who did not share or necessarily understand their experience during the deployment and reintegration process. Thus, these women may benefit from opportunities to interact with other women who could both validate and understand their experiences, including their need to sometimes refrain from directly talking about their deployment experiences. Meeting with other women in a safe environment can help to challenge the critical self-talk that the women in our study sometimes engaged in, and the belief that one is alone in her experiences. In one study conducted of women veterans who experienced sexual trauma, women reported that at certain stages of their recovery, they would have found it helpful to know that others had similar experiences (Wing & Oertle, 1998 as cited in Wing et al., 2000). A support group can provide women with the opportunity to offer support to each other; this potential for altruism can be very beneficial therapeutically (Yalom, 1995).

Semi-structured support groups can also provide an opportunity for psycho-education about topics of relevance for returning women veterans. These topics can be generated by the women themselves, and may include tools for reconnecting with children and partners, recognizing problematic behaviors in children, and the identification of additional community resources for themselves and their families (e.g. recreation and activity; counseling; and psychiatric).

For women who live in rural areas or in places where there may not be a community of other returning women veterans, it may be beneficial to explore offering either phone or Internet support services that can provide some of the same benefits as an in-person support group. Phone support/focus groups and interventions are supported by the literature (Leach & Christensen, 2006).

Limitations and future research

Limitations of the present study include the make-up and generalizability of the present sample. As recruitment mainly occurred through National Guard websites and Facebook pages, the sample consisted of women who accessed these sites. In addition, missing demographic information about the participants' age and race/ethnicity limits

generalizability as well. Researchers interested in further examining this topic with women soldiers should address these limitations by recruiting a sample that is more representative of the national population of women veterans to increase the generalizability of the findings. Secondly, the discoveries of the present analysis were based on secondary data analysis, using a subset of the data collected for the larger study and therefore relevant information may not have been thoroughly explored. Future investigations could focus on an in-depth exploration of mothers' concerns for their children, how they prepared for their departure, and how they managed and addressed challenges with their children upon their return, for example. Similarly, the interviews focused on reintegration experiences, and the pre-deployment stressors were not specifically asked about but were rather brought up by the participants. Future research that specifically examines this important stage in a soldier's deployment experience can better inform clinicians how to support women who are preparing to leave. Despite these limitations, the findings reported here underscore that women soldiers in the National Guard and their children face major stressors and challenges during deployment and that they would benefit from services that would support them during this process.

Funding

This work was supported by Congressionally Directed Medical Research Programs [grant number W81XWH-11-1-0154].

Notes on contributors

Johanna Nilsson, PhD, is a professor and the director of Training in Counseling Psychology in the Division of Counseling and Educational Psychology at the University of Missouri-Kansas City. She is a licensed psychologist in the state of Missouri. Her research focuses on the mental health and adjustment of immigrant populations, supervision and training, and social justice advocacy.

LaVerne Berkel, PhD, is an associate dean for the School of Education and an associate professor in Counseling Psychology in the Division of Counseling and Educational Psychology at the University of Missouri-Kansas City. She is a licensed psychologist in the state of Missouri. Her research focuses on religion and spirituality in counseling.

Patricia J. Kelly, PhD, is a professor and an associate dean for Research at UMKC. Prior to coming to Kansas City, she was an assistant professor at the University of Texas Health Science Center at the San Antonio School of Nursing. She uses feminist and participatory action research methods to work with women in community settings around social/health issues including violence, depression, and sexually transmitted infections. Since January 2014, Kelly is serving as the editor of Public Health Nursing.

Marti Trummer, MA, is a doctoral candidate in the Counseling Psychology PhD program at the University of Missouri-Kansas City. Her research focuses on the mental health and adjustment of Spanish-speaking immigrant populations, women's issues, decision-making, and social justice advocacy.

Joanna Maung is a doctoral student in Counseling Psychology at the University of Missouri-Kansas City. She received her bachelor's degree in psychology and sociology from the University of California-San Diego. Her research interests include immigrant and refugee mental health issues, coping, resiliency, and social justice advocacy.

Niyatee Sukumaran is a doctoral student candidate in the Counseling Psychology PhD program at the University of Missouri-Kansas City. Her research interests include understanding experiences of racial/ethnic minorities, international, immigrant/refugee, and women's issues, and cross-cultural issues in supervision. She is also interested in empowering and help developing clients' racial/ethnic and multicultural identity through her clinical work.

References

- American Psychological Association. (2007). *American Psychological Association presidential task force on military deployment services for youth, families, and service members: A preliminary report*. Washington, DC: Author.
- Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine*, 174, 1033–1040.
- Barnes, V. A., David, H., & Teiber, F. A. (2007). Perceived stress, heart rate, and blood pressure among adolescents with family members deployed in Operation Iraqi freedom. *Military Medicine*, 172, 40–43.
- Boyd, M. A., Bradshaw, W., & Robinson, M. (2013). Mental health issues of women deployed to Iraq and Afghanistan. *Archives of Psychiatric Nursing*, 27, 10–22.
- Card, N. A., Bosch, L., Casper, D. M., Wiggs, C. B., Hawkins, S. A., Schlomer, G. L., & Borden, L. M. (2011). A meta-analytic review of internalizing, externalizing, and academic adjustment among children of deployed military service members. *Journal of Family Psychology*, 25, 508–520.
- Carney, C. P., Sampson, T. R., Voelker, M., Woolson, R., Thorne, P., & Doebbeling, B. N. (2003). Women in the Gulf War: Combat experience, exposures, and subsequent health care use. *Military Medicine*, 168, 654–661.
- Carson, C. E., & Hastings, J. T. (2012). *Resourcing the National Guard and Reserve*. Armed Forces Comptroller. Retrieved May 8, 2013, from <http://www.highbeam.com/doc/1G1-289122048.html>
- Chandra, A., Sandraluz, L.-C., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics*, 125, 16–25.
- Chemtob, C. M., & Carlson, J. G. (2004). Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management*, 11, 209–226.
- DeVoe, E. R., & Ross, A. (2012). The parenting cycle of deployment. *Military Medicine*, 177, 184–190.
- Dutra, L., Gubbs, K., Greene, C., Trego, L. L., McCartin, T. L., Kloezeman, K., & Morland, L. (2012). Women at war: Implications for mental health. *Journal of Trauma and Dissociation*, 12, 25–37.
- Flake, E. M., Davis, B. E., Johnson, P. L., & Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *Journal of Developmental and Behavioral Pediatrics*, 30, 271–278.
- Gewirtz, A. H., Polusny, M. A., DeGarmo, D. S., Khaylis, A., & Erbes, C. R. (2010). Posttraumatic stress symptoms among national guard soldiers deployed to Iraq: Association with parenting behaviors and couple adjustment. *Journal of Consulting and Clinical Psychology*, 78, 599–610.
- Goodman, P., Turner, A., Agazio, J., Throop, M., Padden, D., Greiner, S., & Hillier, S. L. (2013). Deployment of military mothers: Supportive and nonsupportive military programs, processes, and policies. *Military Medicine*, 178, 729–734.
- Haskell, S. G., Gordon, K. S., Mattocks, K., Duggal, M., Erdos, J., Justice, A., & Brandt, C. A. (2010). Gender differences in rates of depression, PTSD, pain, obesity, and military sexual trauma among Connecticut war veterans of Iraq and Afghanistan. *Journal of Women's Health*, 19, 267–271.

- Hill, R. (1949). *Families under stress*. New York, NY: Harper & Brothers.
- Himmelfarb, N., Yaeger, D., & Mintz, J. (2006). Posttraumatic stress disorder in female veterans with military and civilian sexual trauma. *Journal of Traumatic Stress, 19*, 837–846.
- Hoge, C. W., Clark, J. C., & Castro, C. A. (2007). Commentary: Women in combat and the risk of post-traumatic stress disorder and depression. *International Journal of Epidemiology, 36*, 327–329. doi:10.1093/ije/dym013
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277–1288.
- The Joint Economic Committee. (2007). *Helping military moms balance family and longer deployment*. Retrieved from <http://www.jec.senate.gov/archive/Documents/Reports/MilitaryMoms05.11.07Final.pdf>
- Kelley, M. L., Herzog-Simmer, P. A., & Harris, M. A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Military Psychology, 6*, 125–138. doi:10.1207/s15327876mp0602_4
- Kelly, P., Berkel, L. A., & Nilsson, J. E. (2014). Reintegration of women in the national guard after deployment. *Nursing Research, 63*, 346–356. doi:10.1097/NNR.0000000000000051
- Kelly, P., Nilsson, J. E., & Berkel, L. A. (2014). A gendered perspective on military deployment. *Women & Health, 54*, 61–76. doi:10.1080/03630242.2013.862897
- Kimberling, R., Gima, K., Smith, M. W., Street, A., & Frayne, S. (2007). The veterans health administration and military sexual trauma. *American Journal of Public Health, 97*, 2160–2166. doi:10.2105/AJPH.2006.092999
- Kimerling, R., Street, A. E., Pavao, J., Smith, M. W., Cronkite, R. C., Holmes, T. H., & Frayne, S. M. (2010). Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health, 100*, 1409–1412. doi:10.2105/AJPH.2009.171793
- Kline, A., Falca-Dodson, M., Sussner, B., Ciccone, D. S., Chandler, H., Callahan, L., & Losonczy, M. (2010). Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey army National Guard troops: Implications for military readiness. *American Journal of Public Health, 100*, 276–283.
- Lane, M. E., Hourani, L. L., Bray, R. M., & Williams, J. (2012). Prevalence of perceived stress and mental health indicators among reserve-component and active-duty military personnel. *American Journal of Public Health, 102*, 1213–1220.
- Leach, L. S., & Christensen, H. (2006). A systematic review of telephone-based interventions for mental disorders. *Journal of Telemedicine and Telecare, 12*, 122–129. doi:10.1258/135763306776738558
- Maguen, S., Luxton, D. D., Skopp, N. A., & Madden, E. (2012). Gender differences in traumatic experiences and mental health in active duty soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research, 46*, 311–316.
- Marshall, C., & Rossman, G. (1999). *Designing qualitative research*. Newbury Park, CA: Sage.
- McCubbin, M., & McCubbin, H. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaption. In C. Danielson, B. Hamel-Bissell, & P. Winstead-Fry (Eds.), *Families: Health and illness: Perspectives on coping* (pp. 20–63). St. Louis, MO: Mosby.
- Murdoch, M., Pryor, J., Polusny, M., & Gacksetter, G. (2007). Functioning and psychiatric symptoms among military men and women exposed to sexual stressors. *Military Medicine, 172*, 718–725.
- Office of the Deputy Under Secretary of Defense. (2012). *2011 Demographics profile of the military community*. Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf
- Pfefferbaum, B., Houston, J. B., Sherman, M. D., & Melson, A. G. (2011). Children of National Guard troops deployed in the global war on terrorism. *Journal of Loss and Trauma, 16*, 291–305.

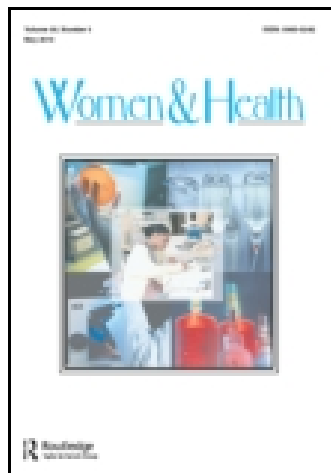
- Pierce, P. F., Vinokur, A. D., & Buck, C. L. (1998). Effects of war induced maternal separation on children's adjustment during the Gulf War and two years later. *Journal of Applied Social Psychology*, 28, 1286–1311.
- Renaud, J. (2005, October). *National Guard Homeland Defense White Paper: September 11, 2001. Hurricane Katrina and Beyond*. National Guard G5. Strategic Plans and Policy. Retrieved May 14, 2013, from http://www.army.mil/News/publications/Publications/HLD%20White%20Paper_11OCT05_Final_Version.pdf
- Robinson, D. L. (1997). Family stress theory: Implications for family health. *Journal of the American Academy of Nurse Practitioners*, 9, 17–24.
- Street, A. E., Vogt, D., & Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review*, 29, 685–694.
- Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2012). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, 67, 614–623.
- US Department of Defense. (2010). *Report on the impact of deployment of members of the Armed Forces on their dependent children*. Retrieved from http://www.militaryhomefront.dod.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Reports/Report_to_Congress_on_Impact_of_Deployment_on_Military_Children.pdf
- Vogt, D., Vaughn, R., Glickman, M. E., Schultz, M., Drainoni, M., Elwy, R., & Eisen, S. (2011). Gender differences in combat-related stressors and their association with postdeployment mental health in a nationally representative sample of U.S. OEF/OIF veterans. *Journal of Abnormal Psychology*, 120, 797–806. doi:10.1037/a0023452
- Waldman, A. (2009). The other domestic mission. *National Guard*, 63, 30–32.
- Wiens, T. W., & Boss, P. (2006). Maintaining family resiliency before, during, and after military separation. In C. A. Castro, A. B. Adler, & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 3, pp. 13–38). Westport, CT: Praeger Security International.
- White, C. J., de Burgh, H. T., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on military children: A review of the literature. *International Review of Psychiatry*, 23, 210–217.
- Wing, D. M., & Oertle, J. R. (1998). The process of transforming self in women veterans with post-traumatic stress disorder resulting from sexual abuse. *International Journal of Psychiatric Nursing Research*, 4, 463–473.
- Wing, D. M., Oertle, J. R., Cabioc, A. R., Evans, C. M., Smith, D. J., & Stangeby, B. L. (2000). A student-directed community project to support sexually abused women veterans suffering from post-traumatic stress disorder. *Public Health Nursing*, 17, 239–246.
- The Women's Memorial. (2011). *Statistics on women in the military*. Washington, DC: Women in the Military Service for American Memorial Foundation. Retrieved from <http://www.womensmemorial.org/PDFs/StatsonWIM.pdf>
- Yalom, I. R. (1995). *The theory and practice of group psychotherapy* (3rd ed.). New York, NY: Basic Books.

This article was downloaded by: [UMKC University of Missouri Kansas City]

On: 29 January 2015, At: 16:02

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Women & Health

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wwah20>

A Gendered Perspective on Military Deployment

Patricia J. Kelly PhD MPH APRN ^a , Johanna Nilsson PhD ^b & Laverne Berkel PhD ^b

^a School of Nursing and Health Studies, University of Missouri-Kansas City , Kansas City , Missouri , USA

^b School of Education, University of Missouri-Kansas City , Kansas City , Missouri , USA

Accepted author version posted online: 26 Nov 2013. Published online: 20 Feb 2014.



CrossMark

[Click for updates](#)

To cite this article: Patricia J. Kelly PhD MPH APRN , Johanna Nilsson PhD & Laverne Berkel PhD (2014) A Gendered Perspective on Military Deployment, *Women & Health*, 54:1, 61-76, DOI: [10.1080/03630242.2013.862897](https://doi.org/10.1080/03630242.2013.862897)

To link to this article: <http://dx.doi.org/10.1080/03630242.2013.862897>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

A Gendered Perspective on Military Deployment

PATRICIA J. KELLY, PhD, MPH, APRN

School of Nursing and Health Studies, University of Missouri-Kansas City, Kansas City, Missouri, USA

JOHANNA NILSSON, PhD and LAVERNE BERKEL, PhD

School of Education, University of Missouri-Kansas City, Kansas City, Missouri, USA

Military deployment, especially in combat or dangerous areas, can have a strong influence on subsequent mental health. This effect may be intensified as a result of the potential stigma that admission of mental health problems indicates weakness. Additional mental health issues exist for female soldiers from the National Guard who are pulled from non-military environments to work under dangerous conditions far from home and traditional social support. Minimal documentation is available about the day-to-day, gendered experiences of deployment for this group of female soldiers. To provide background for appropriate training and support, the aim of this study was to understand better the experiences of military deployment for women in the National Guard. We used content analysis to analyze individual, semi-structured interviews with a sample of 42 women from 7 U.S. National Guard units who were deployed in combat areas. Four general themes emerged about deployment experience: the general environment of stress, heterogeneous job responsibilities, home comes with you, and gendered stress. Military efforts are needed to address gender-specific issues associated with deployment and to develop resilience training that will optimize the mental health of female soldiers.

KEYWORDS *women, military, deployment*

Received May 26, 2013; revised October 23, 2013; accepted October 27, 2013.

Address correspondence to Patricia J. Kelly, PhD, MPH, APRN, School of Nursing and Health Studies, University of Missouri-Kansas City, 2464 Charlotte Street, Kansas City, MO 64108. E-mail: kellypj@umkc.edu

INTRODUCTION

Women are an integral part of U.S. military services and now fill many roles historically reserved for men, including membership in states' National Guard units. The citizen-soldiers of these units work together for one weekend per month and two weeks of annual training during the period of their enlistment. The National Guard has historically been mobilized to provide relief during natural disasters, such as floods and earthquakes. Budget cuts and the post September 11 military engagements have increased the service obligations of these units to a focus on war zone deployments, so that the National Guard now constitutes more than half of the country's military capability (Renaud, 2005). These changes mean that women and men in state National Guard units, more than ever before in history, experience multiple, long-term overseas deployments, often with only short time periods between assignments and limited notice of assignments (Carson & Hastings, 2012).

Societal changes in the 1970s, such as the move to an all-volunteer military and intensive discussion about an Equal Rights Amendment, resulted in a dramatic increase in the number of women in the military. Currently, more than 200,000 make up 15% of all active duty military, up from 1.3% in the 1960s; another 480,000 serve in National Guard units (Institute for Women's Leadership, 2010). However, the increase in the number of women over the past 40 years has had minimal impact on the structure and functioning of the military, a prototypically masculine institution, with a hyper-masculine culture (Keats, 2010). While the Marines no longer publicly use the slogan, "every man a rifleman," and the Air Force Academy welcoming arch no longer reads "bring me men," changes in official policies and directives to integrate women into career fields have only minimally affected the belief system of the military as "grounded in a nonnegotiable stereotypical male culture of man as protector and defender" (Butler & Schmidtke, 2010, p. 195).

Women who join the military learn to integrate rapidly into this masculine culture, and many appreciate the opportunity for both service and professional growth. Integration, however, does not ensure an ongoing equitable, comfortable environment or experience for women (Rimalt, 2007). The most notable example of negative experiences is in the form of sexual harassment and assault, which have been documented since the infamous Tailhook scandal of the early 1990s, in which 93 women and 7 men were sexually assaulted by a gauntlet of Navy pilots at a military conference (Ogden, n.d.); the subsequent follow-up revealed hostility toward investigators and protection of those responsible (Abrams, 1993). This scandal led to an initial "no tolerance" policy in the military about sexual harassment and assault. However, ongoing documentation of military sexual harassment in the popular press, in senate hearings, and from the Department of Defense itself, continues, raising serious concerns about the impact of more than 20 years of policies to address sexual harassment.

Multiple studies have found stressors related to sexual harassment and assault to be far greater among women than men in the military. For example, a sample of 815 active-duty troops found almost double (80% vs. 45%) the rate of sexual stressors in women than men; troops with such exposure had significantly poorer physical, work role, and social functioning, as well as greater mental health symptoms (Murdoch et al., 2007). A more recent survey of medical records from a Connecticut Veterans Administrations facility of women who served in Iraq or Afghanistan found that 14% reported military sexual trauma (Haskell et al., 2010). Booth et al.'s (2011) retrospective telephone survey of 1,004 Midwestern female veterans found that a quarter reported being raped in the military. Most recently, the Department of Defense's own report acknowledged as many as 26,000 cases of sexual assault in 2012, occurring in 4% of military women (Department of Defense, 2012). The chronicity and increasing incidence of these reports suggest that much work needs to be done to implement effectively the supposed "no tolerance" policy on sexual assault or harassment and to honor women's desire to serve their country by providing them with a safe environment for their service.

Unfortunately, as frequently as military physical sexual trauma is, it represents a very small portion of ignored issues and lack of sensitivity about women's gendered experiences in the military, with increasing numbers of reports of bullying and intimidation toward female soldiers (Mattocks et al., 2012). This is especially true during deployment to high-risk or combat areas where safety and unit functioning take precedence over all other issues. Complicating the deployment/gender situation is the reality that harassment is received from male colleagues and commanding officers, as well as foreign nationals who are allies being trained by U.S. troops. The foreign nationals, who may be from traditional Muslim communities in countries such as Iraq and Afghanistan, have cultural views of women's roles considerably more restrictive than those of mainstream U.S. communities and are especially unfamiliar with working side-by-side with or taking orders from women (American Bar Association, 2005).

The increasing service of women from National Guard units in deployment situations presents a unique set of stressors that do not disappear at the end of deployment. All National Guard soldiers return to their homes, jobs, and communities without the day-to-day supports and camaraderie provided by the military units of full-time soldiers working on a base. Without the physical proximity provided on a military base, they also lack regular interactions with others who have shared the experiences of deployment. For those from rural areas, emotional isolation can be exacerbated by physical isolation and the lack of a peer group of female veterans in their communities. The smaller number of women in local units means that fewer opportunities are available for sharing gender-specific experiences, such as the stressors of reintegrating with children and partners.

Minimal documentation is available about the day-to-day experiences of deployed women (Adler et al., 2005; Rona et al., 2006; Tolin & Foa, 2006). This includes the potential impact the masculine culture of the military, the very real physical dangers of deployment, and the distance from traditional sources of support may have on female soldiers' well-being upon their return. This gap in knowledge is a liability to our development of prevention and effective solutions. The aim of this qualitative study was to understand better the experiences of military deployment for women in the National Guard to provide background for appropriate training and support.

METHODS

As part of a larger study on women's family reintegration experiences, semi-structured interviews were conducted with 42 members of National Guard units from the states of Iowa, Kansas, Missouri, Nebraska, and North Dakota. This aspect of the study focused on the gendered experience that female soldiers reported. Permission was secured from each state to recruit women from its units via word of mouth, flyers posted at National Guard units, and announcements on units' Facebook pages. Eligibility criteria included being a member of a National Guard unit and having been deployed to a combat zone. Interested women contacted the investigators, and a convenient time for an in-person or telephone interview was arranged. Interviews ranged from 15 to 45 minutes. The interview guide focused on reintegration experiences (the aim of the parent study) and their precedents during deployment. Because many of the interviews were conducted by telephone, an information sheet, approved by the university Institutional Review Board and by the Office of Research Protections of the U.S. Army Medical Research and Materiel Command, was e-mailed and read to each woman before initiating the interview. All participants indicated their consent to participate verbally or via electronic signature. The participants signed and scanned the consent form and sent it back to the interviewer. All interviews were audiotaped.

Data Analysis

We conducted semi-structured interviews with soldiers using questions based on the Family Resiliency Model (McCubbin & McCubbin, 1993). The interviewers were two counseling psychologists and one nurse practitioner, all faculty members with experience conducting qualitative research and none with experience in the military. Before completing any interviews, the primary researchers discussed their beliefs and attitudes about women in the military and their expectations of what they thought the data would reveal. All three admitted to feeling like outsiders and expressed admiration for soldiers in general, and women in particular who chose to serve their country through military service.

Interviews were audiotaped and began with general background questions (e.g., participants' age, gender, marital status, and place and length of deployment). To assess family typology and functioning, we asked about the structure of and changes to their support system, their experience of reintegration, and their family's response to the transition (including spouse, children, family of origin, and friends). We also asked about stressors experienced before, during, and after their deployment, resources used by them and their families, their appraisal of these resources, religiosity, and recommendations. Individual interviews were transcribed verbatim then analyzed using a modified version of Consensual Qualitative Research methodology (CQR) (Hill, 2011). CQR is a team-oriented inductive method used to analyze qualitative data. The original phase of data analysis was completed by a research team comprised of two faculty and six students in a counseling psychology program. Before reviewing the transcriptions, the group discussed their attitudes about the material and the participants as a way to recognize and minimize the influence of bias on the analytic process.

After group training on the CQR method using two of the transcribed interviews, group members worked in teams of two to code domains and categories individually in each interview. Domains allowed the researchers to cluster similar data. Categories were then identified within each domain. Team members met, discussed, and came to consensus on the final domains and categories. Consistent with the CQR method (Hill, Thompson, & Williams 1997; Hill et al., 2005), several iterations of domains and categories were identified based on continued review of the data and discussion with the research team. This analysis yielded over 300 pages of data organized into domains and categories.

Data in the initial analysis that were coded as deployment-related were grouped for the current secondary analysis. Guided by techniques of content analysis, transcripts were reviewed and significant statements and key phrases assigned codes by the lead author and confirmed by co-authors, with areas of disagreement discussed and resolved (Krippendorff, 2013). Coded statements were organized into concept clusters of related content by one author (PK) and verified by the other two authors (LB and JN; Miles, Huberman, & Saldana, 2013). An audit trail was maintained, documenting the position of text material from which themes were developed. Themes were verified by two recently deployed women not in the sample. Their feedback was integrated into the final manuscript.

RESULTS

Participants' ages ranged from 23 to 58 years (*mean* = 35 years, *SD* = 10 years). The majority (*n* = 31; 72.1%) was deployed once; 12 (28%) were deployed twice, and 3 (7%) were deployed three times. Iraq was the most frequent deployment destination, with 28 soldiers (65%) deploying

there at least once, and 12 soldiers (28%) deploying to Afghanistan at least once. Deployments lasted from 3 weeks to 16 months (*mean* = 10 months, *SD* = 3.36 months). At the time of the interview, 17 (40%) participants were married, 14 (32%) were divorced, and the remainder single, separated, or engaged; half of the participants had at least one child. Ten of the participants who were married at the time of their deployment were divorced at some point afterward.

Participants' comments about their deployment experiences centered around four general themes: the general environment of stress, heterogeneous job responsibilities, home comes with you, and gendered stress.

General Environment of Stress

Deployment was generally reported to be a stressful experience by almost all participants, whether considered from a physical or an emotional perspective. Working, eating, and sleeping, all in an environment of physical danger, made-up the day-to-day experience of military life for all soldiers in deployed situations. While access to food, water, toilets, and a bed in which to sleep were available to all women, these were generally designed for function rather than comfort, ease, or privacy (e.g., portable toilets vs. flush toilets). Opportunities for relaxation or decompression may have existed, but they were not mentioned by any of our participants.

Sarah (all names have been changed) was married with four children when she was deployed to Iraq:

For five months, I was going at just a break-neck speed every single day. I did not get a lot of sleep the entire time I was gone. It was a very, very high stress job. We were bombed and your life, of course, feels threatened most days.

Mary, an officer, lived in a small rural community with her husband. Her first deployment was to Iraq for 15 months:

It was the first year of the war and I was responsible for 180 soldiers. The weight of that was tremendous to me. The decisions I made directly impacted the lives of soldiers and those wounded in battle.

Maya was in Afghanistan for 10 months:

We were always on alert and always on edge, just waiting.

Previously deployed in Desert Storm, Jacki did administrative work in Afghanistan:

I can't tell you how many nights I laid there in bed and couldn't go to sleep. Most people take bottles and bottles of Nyquil sell out quickly in the PX. Worrying if we get attacked, will it go through my building, what will happen? The buildings [where I lived] are no longer there. [I later saw] pictures of the place where I lived and where I slept and where I worked in my office and it was up in smoke, in a big ball of flames.

Heterogeneous Job Responsibilities

Despite being officially barred from direct combat roles, participants had an amazing variety of roles, ranging from those traditionally filled by women (administrative assistant and cook) to those that few women have in civilian society (bodyguard, helicopter mechanic, and crew chief). While some of the participants came to the military with relevant education and skills, others received training and education as part of their military experience to enable them to meet specific job responsibilities. Women reported both positive and negative attitudes toward their job responsibilities. Some of these jobs brought an inherent level of physical and emotional stress for participants, who perceived them in a variety of ways.

Nancy, 25 years old, had been in the National Guard for 6 years:

I was an aircraft mechanic. It was the hardest thing I've ever done in my entire life. It was basically, work, eat, sleep, work. That was how I tore my ligaments. It was an over-use injury from the repetitive work . . . trying to complete my tasks because our bodies didn't have enough rest. They actually sent a couple other guys home with the same problem, but mine didn't surface until the very last month, but they decided to hold me and just put me in braces and give me a supply job.

Amanda was 24 years old when deployed to Iraq. She joined the National Guard to help pay for college, but then found out more was involved:

Convoy security, we provided security for civilian trucks and military trucks. We were the gun crews that escorted trucks from base to base all over Iraq. We would have five gun trucks for every convoy.

Maya:

The security force, we were the ones responsible for maintaining security and running the convoys and the patrols and just assuring that everybody was safe.

Anne was deployed to Afghanistan with both her cousin and her fiancé:

I'm a base cop for the air force, on the flight line. We were in charge of loading people on and off the flight line making sure nobody was messing with the planes. We also did all of the fallen comrade ceremonies for whenever a military person, the United States or any other country passed away.

Other jobs provided satisfaction and even excitement. Cindy had been in the military for over twenty years and deployed three times:

I was a combat historian, and it was the best job ever. We traveled all around the Baghdad area, I think to 35 different FOBs [forward operating bases] and basically recorded interview after interview [about] the soldiers' stories. We collected photographs, data, artifacts that kind of stuff and I absolutely loved what we did.

Jennifer was the mother of two school-aged boys:

My job changed to going outside the wire [beyond the secured perimeters of a base] with the Colonel. I'm going to tell you, it was the most fun I'd ever had. It was scary, but it was fun. My idea of Iraq and what I saw were two totally different things. I thought prehistoric times, no they're not prehistoric times—you see a mud hut with a satellite dish on it. Wow! You see the way they live their lives, versus reading it in books. It's very different.

Home Comes with You

Despite or perhaps because of the distance from home, the lack of ability to address family problems intruded on the experiences of many participants. Partners, children, and parents were all mentioned as sources of worry and concern that could only be minimally addressed from afar. Pearl was worried about her husband who was also in the military but not deployed; he was jealous of Pearl's deployment. She was also worried about her mother:

My mom has been a substance abuser my entire life. Three months before I deployed, she moved back in with us . . . I was concerned because she had three suicide attempts.

She added:

[I saw] women who have been deployed who have children and watch their Facebook pages to see what they are going through at home because they are single parents. They don't know what their children like and want. My daughter has been a big part of my life and . . . I was

so worried [because] a year is a long time, and a year changes a child so much.

Nancy:

I found out [my husband] was cheating on me, and it became a big deal because he didn't want to wait for me to come home. He wanted a divorce.

Amy was the divorced mother of two older children:

My daughter, at age 19, had just got picked up for drunk driving.

Kit's husband was very opposed to her deployment and actually had her removed from a previous deployment list:

We had a very volatile relationship. He spent every dime . . . he bought a truck. Through the course of time I was gone [he bought] six motorcycles, went on three vacations, just ungodly amounts of money. I'd check my bank account when I was over there, working my ass off, and he's out there feeling sorry for himself, going on vacation every month.

Gendered Stress

Even for women who had significant experience with the military, the day-to-day harassment during deployment in Iraq or Afghanistan—solely for being female—was a shock for some participants. Some stated that it was a challenge to function as soldiers without constantly being reminded of their gender. A few participants discussed their segregated living quarters, which were provided in the spirit of caring or safety; however, separate quarters necessitated time-consuming logistics, like having to wait for transport from these quarters. Such separation and resultant logistics could be used to undermine the competence of female soldiers by suggesting that females were less able to care for themselves and needed special accommodations. A few participants also mentioned feeling observed in daily activities or of having to prove constantly their competence and toughness.

Diana, a service academy graduate who was an officer before joining the National Guard, was the most eloquent on this theme:

When we got there, they told us that the base is not safe for females. There have been rapes. There have been situations, so do not go out by yourself. Do not walk around without somebody else with you. Probably the hardest part for us was that [our living quarters] were segregated

from the men, and it was difficult to get around. We didn't have dedicated transportation and were always having to wait on rides and ask people to pick us up, so it felt like a lot of your independence was really taken away, especially when you are in charge of people and used to expediency.

She added:

It was an eight to one ratio when I was in the academy. I have been in a male-dominated career field before. This was the first time that I really felt that I was uncomfortable. I think part of it was just the cultural barriers; the Afghanis looked at you different ways because we weren't covered, and there was a lot of Afghan interaction where I was working. It was very different to see a [female] officer.

Nancy:

We were literally sexually harassed every single day. All it is over there, all the boys can think about over there, is sex. It's horrible. You can tell them "no" a thousand times, and they still won't get it. You have to lock the doors. You have to take your weapons with you into the showers because the local nationals will try to walk in on you if they think you are the only one there. There were several rapes. It was not a pleasant experience. I had to be on guard 24 hours a day. I had to watch my shadow. I always had to wonder if this person who is talking to me, you know, is going to try something. You had to go everywhere with a battle buddy.

Sally, aged 40–49 years, worked as a plumber in Afghanistan:

They tested all of us females for STDs before we left. They only tested the females. No males were tested. As females we were singled out as far as leaving the FOB [forward operation base or protected area]. I was not allowed to leave the FOB. I even went up as far as the brigade, requesting to go on a mission and was turned down. My sergeant, who was the other female in my platoon, was overlooked, too. Everybody in my squad but me went on a mission. And they want us to hold true to, "You are a soldier. You are not a female or a male. You are a soldier." I don't believe that! The discrimination that was put forth . . . It's there. So, learning how to live with discrimination. Learning how to deal with that as a female.

An alternative gendered response was that males become overly protective of the women with whom they worked or were close. Leslie, an officer who had been in the military for more than 20 years, was the single mother of a 13-year-old child when she was deployed to Iraq:

I was actually the only female officer out of 40 men in the battalion, and so for me it was very, very hard because as a female you want to make sure you are as tough and as strong as the men . . . We did deploy with three other states. We had a total of four different units other than our unit, which was the headquarters. Some of the male soldiers in our unit were very protective of us, and so they wouldn't like it if some of the females were to venture out and build friendships with people in one of the other states. It would just cause a lot of confrontation. They were like more of a parent versus just letting us or other females being just who they were and venture out.

Andrea was 18 years old when she was deployed to Iraq for a year:

My relationship [with my boyfriend over there] was good. There were certain aspects I didn't like. If I was supposed to go out on patrol with some on the guys, he would volunteer to take my place. You know, it was nice but I didn't ask him to do that. He wouldn't tell me he did that. He would just go out.

DISCUSSION

Women join the military for a variety of reasons, including service to their country and the opportunity for growth. The findings of this qualitative study suggested that women we studied in the National Guard indeed experienced job opportunities that might not have been available to them as civilians, but some of them seemed to pay a high price for such opportunities. While the stress of a combat deployment environment in terms of work and safety may be inevitable, some women in our study reported facing an extra layer of stress from concerns about their families at home and from sexual harassment or gendered stress. Although premobilization training is available to orient soldiers to the realities of deployment, our results indicated that the training did not fully prepare them for the intensity of their experiences.

Minimal information is available about how women handle the deployment-related stressor of leaving behind partners and children. While a variety of authors have documented the impact of deployment on families and spouses at home, these studies often assume that the spouses are women and the deployed are men, or do not examine differences between female and male deployed soldiers (Chartrand, White & Strobe, 2008; Fisher, Zaslavsky & Blendon, 2008). We acknowledge that male soldiers likely experience some variation of the "home comes with you" theme, but believe that it is important to document women's experience of this phenomenon in the context of the role that they typically

play in families, which differs in significant ways from men. Studies that have compared the impact of parental deployment on children have found no differences in impact by the gender of the deployed (e.g., Applewhite & Mays, 1996). However, these studies have not examined the impact of family separation on women (mothers) compared to men (fathers). Because, in our society women continue to provide the bulk of childcare, concerns about separation from their children may well be different from those of men and contribute differently to their deployment stressors.

Both inside and outside of the military, ample documentation is available of the effect of low-level harassment and gendered stress on women's physical and mental health. In addition to relevant psychiatric symptoms, such as post-traumatic stress disorder (PTSD), anxiety, and depression, sexual stressors have been associated with work, role, physical, and social functioning, and increased somatization and health care utilization (Murdoch et al., 2007). Sexual harassment and assault actually has as great an impact on PTSD symptoms as combat exposure (Dutra et al., 2011). While current policies on gender discrimination and harassment are indeed welcome by women in military units around the world, the formal *de jure* response has not been able to address the *de facto* culture of sexism and discrimination (Burke, 2004; Butler & Schmidtke, 2010). However critical they are, these policies are but one small part of the culture change necessary to ensure safe and equal treatment of female soldiers.

On their return home, some deployed women in our study reported bringing with them the cumulative effect of high levels of stress. Such stress may complicate some women's readjustment and their reintegration into family life and has an impact on their mental and physical health, as well as on their daily functioning (Sayers et al., 2009; Vasterling et al., 2008). High rates of PTSD, alcohol and substance use, depression, panic disorder, fatigue, concentration problems, and suicide have been found among females after deployment in prior studies (Gibbons et al., 2012; Seelig et al., 2012). While it is difficult to compare divorce rates between the general U.S. population and the military, several women in our study had been divorced since their deployment, citing their deployment as a critical factor in ending their marriages. Longer-term studies are needed to assess the duration of these deployment-related stressors and the strategies and services used by women to address them.

A limitation of the present study was the nature of the sample. While participants were from several different states, recruitment occurred largely through National Guard Web sites and Facebook pages. The sample, therefore, largely included women who accessed these sites and had potentially greater contact with the National Guard than women who only did service one weekend per month, two weeks per year. Thus, the sample was unlikely to be representative of all National Guard women who have been

deployed, thus limiting the generalizability of the findings. Also, the focus of the present analysis, as a secondary data analysis, did not make up the main set of questions asked of each participant, so additional relevant information may not have been thoroughly explored. A final limitation was the lack of completely independent coding of the original transcripts by two or more researchers, which could have compromised the quality control of coding.

CONCLUSIONS

The deployment experiences reported by participants have important implications for their post-deployment mental health. The reintegration issues faced by these National Guard members do not occur in an environment on a military base that would provide daily contact with others who experience these concerns (Lane et al., 2012). The reintegration of female members of the National Guard occurs in communities across the country, with family and friends generally having minimal understanding of why women participate in the National Guard, of the deployment experience itself, or of PTSD symptoms and their relationship to deployment. While it is critical that the military, the National Guard, and the Veterans Administration all work to ensure the availability of appropriate support and services, those who are health care or mental health providers, or who even live with or work alongside of female National Guard soldiers who have been deployed, also have a responsibility to reach out and offer support.

On a program level, support could come from the simple availability of a venue in which women might meet across ranks to share experiences and strategies during deployment. On a personal level, this could come in the form of an offer for a quiet cup of coffee or an acknowledgment of gratitude for the service provided by the woman. Service providers, such as medical workers, mental health professionals, and child care staff, can work to ensure that they have the training needed to ask about and respond to deployment-related issues confronting military families, especially those related to family dynamics when the deployed service member returns home. As a community member, one can advocate for the needs of military women, perhaps by ensuring that the local Veterans of Foreign Wars (VFW) chapter is welcoming to women. Many ways are available to address this on a personal/local level, including suggestions from the Web site (Retrieved December 25, 2013, from <http://www.realwarriors.net/guardreserve/reintegration/thankguardreserve.php>.) “7 Ways to Thank National Guardsmen [sic] & Reservists,” which lists a variety of activities, such as participating in an event to welcome home service members or volunteering at a Veterans Association facility. The return to home and community for

female soldiers in the National Guard should not have to be an exacerbation of the stress of deployment.

FUNDING

This research was supported by Congressionally Directed Medical Research Programs, Grant W81XWH-11-1-0154.

REFERENCES

- Abrams, K. 1993. Gender in the military: Androcentrism and institutional reform. *Law Contemp Prob* 56:217–41.
- Adler, A. B., A. H. Huffman, P. D. Bliese, and C. A. Castro. 2005. The impact of deployment length and experience on the well-being of male and female soldiers. *J Occup Health Psych* 10:121–37.
- American Bar Association. 2005. The status of women in Iraq: An assessment of Iraq's de jure and de facto compliance with international legal standards. Retrieved December 24, 2013, from http://www.americanbar.org/content/dam/aba/directories/roli/iraq/iraq_status_of_women_2005_english.authcheckdam.pdf.
- Applewhite, L., and R. Mays. 1996. Parent-child separation: A comparison of maternally and paternally separated children military families. *Child Adol Soc Wk J* 13:23–39.
- Booth, B. M., M. Mengeling, J. Torner, and A. G. Sadler. 2011. Rape, sex partnership, and substance use consequences in women veterans. *J Trauma Stress* 24:287–94.
- Burke, C. 2004. *Camp All-American, Hanoi Jane, and the High-and-Tight*. Boston: Beacon Press.
- Butler, J., and J. Schmidtke. 2010. Theoretical traditions and the modeling of sexual harassment within organizations: The military as data. *Armed Forces Soc* 36:193–222.
- Carson, C. E., and J. T. Hastings. 2012. Resourcing the National Guard and Reserve. *Armed Forces Comptroller*. Retrieved May 8, 2013, from <http://www.highbeam.com/doc/1G1-289122048.html>
- Chartrand, M., L. White, and T. Strope. 2008. Effects of parents' wartime deployment on the behavior of young children in military families. *Arch Pediatr Adolesc Med* 162:1009–14.
- Department of Defense 2012. *Annual report on sexual assault in the military. Fiscal Year 2012*. Washington, DC: Department of Defence.
- Dutra, L., K. Grubbs, C. Greene, L. Trego, McCartin, K. Kloezeema et al. 2011. Women at war: Implications for mental health. *J Trauma Dissociation* 12:25–37.
- Fisher, G. S., A. Zaslavsky, and R. Blendon. 2008. Health-related impact of deployment extensions on spouses of active duty army personnel. *Mil Med* 173:221–9.
- Gibbons, S., E. Hickling, S. Barnett, P. Herbig-Wall, and D. Watts. 2012. Gender differences in response to deployment among military healthcare providers in Afghanistan and Iraq. *J Womens Health* 21:496–504.

- Haskell, S. G., K. S. Gordon, K. Mattocks, M. Duggal, J. Erdos, A. Justice, and C. A. Brandt. 2010. Gender differences in rates of depression, PTSD, pain, obesity, and military sexual trauma among Connecticut war veterans of Iraq and Afghanistan. *J Womens Health* 19:267–71.
- Hill, C., ed. 2011. *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.
- Hill, C., S. Knox, B. Thompson, E. Williams, S. Hess, and N. Ladany. 2005. Consensual qualitative research: An update. *Journal of Counseling Psychology* 52(2):196–205.
- Hill, C., B. Thompson, and E. Williams. 1997. A guide to conducting consensual qualitative research. *The Counseling Psychologist* 25:517–72.
- Institute for Women's Leadership. 2010. *Women in the U.S. military services*. Retrieved April 30, 2013, from <http://iwl.rutgers.edu/documents/njwomencount/Women%20in%20Military%202009%20Final.pdf>
- Keats, P. A. 2010. Soldiers working internationally: Impacts of masculinity, military culture, and operational stress on cross-cultural adaptation. *Int J Adv Couns* 32:290–303.
- Krippendorff, K. (2013). *Content analysis: An introduction to its methodology*. Beverly Hills: Sage Publications.
- Lane, M. E., L. L. Hourani, R. M. Bray, and J. Williams. 2012. Prevalence of perceived stress and mental health indicators among reserve-component and active-duty military personnel. *Amer J Public Health* 102:1213–20.
- Mattocks, K. M., S. Haskell, E. Krebs, A. Justice, E. Yano, and C. Brandt. 2012. Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Soc Sci Med* 74:537–45.
- McCubbin, M., and H. McCubbin. 1993. Families coping with illness: The resiliency model of family stress, adjustment, and adaption. In *Families: Health and illness: Perspectives on coping*, ed. C. Danielson, B. Hamel-Bissell, and P. Winstead-Fry, 20–63. St. Louis: Mosby.
- Miles, M. B., A. Huberman, and J. Soldana. 2013. *Qualitative data analysis: A methods sourcebook*. Thousand Oaks: Sage Publications.
- Murdoch, M., J. B. Pryor, M. A. Polusny, and G. D. Gackstetter. 2007. Functioning and psychiatric symptoms among military men and women exposed to sexual stressors. *Mil Med* 172:718–25.
- Ogden, J. n.d. *Tailhook '91 and the U.S. Navy*. Retrieved May 20, 2013, from <https://web.duke.edu/kenanethics/CaseStudies/Tailhook&USNavy.pdf>
- Renaud, J. 2005. National Guard homeland defense white paper: September 11, 2001. Hurricane Katrina and Beyond. *National Guard G5. Strategic Plans and Policy*. Retrieved May 14, 2013, from http://www.arng.army.mil/News/publications/Publications/HLD%20White%20Paper_11OCT05_Final_Version.pdf
- Rimalt, N. 2007. Women in the sphere of masculinity: The double-edged sword of women's integration in the military. *Duke J Gender Law Policy* 14:1097–119.
- Rona, R. J., N. T. Fear, L. Hull, and S. Wessely. 2006. Women in novel occupational roles: Mental health trends in the UL armed forces. *J Epidemiol* 36:319–26.
- Sayers, S. L., V. A. Farrow, J. Ross, and D. W. Oslin. 2009. Family problems among recently returned military veterans referred for a mental health evaluation. *J Clin Psychiat* 70:163–70.

- Seelig, A., I. Jacobson, B. Smith, T. Hooper, G. Gackstetter, M. Ryan, et al. 2012. Prospective evaluation of mental health and deployment experience among women in the US military. *Am J Epidemiol* 176:135–45.
- Tolin, D. F., and E. B. Foa. 2006. Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychol Bull* 132:959–92.
- Vasterling, J. J., J. Schumm, S. P. Proctor, E. Gentry, D. W. King, and L. A. King. (2008). Posttraumatic stress disorder and health functioning in a non-treatment-seeking sample of Iraq war veterans: A prospective analysis. *J Rehabil Res Dev* 45:347–58.